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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

EDITED BY

J. J. DRYSDALE, M.D., R. E. DUDGEON, M.D.,

AND

RICHARD HUGHES, L.R.C.P.

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

PROVINGS OF NITRATE OF URANIUM.

By Edward T. Blake, M.R.C.S. Eng., Wolverhampton.

With the view of supplementing and elaborating the researches of Leconte, I purpose giving the details of experiments, made on the human subject, and on some of the lower animals, which I trust will contribute towards our very scanty knowledge of the pathogenesis of *Nitrate of Uranium*, and will assist us in defining accurately those cases in which its use would be appropriate in obedience to the great law of similars.

Proving I.

Young man, æt. 25, bilious temperament, subject to mild dyspepsia, has ascarides, and sometimes slight swelling of lower lids; enjoys average health.

Note.—The capital D attached to a symptom means that there is considerable doubt whether it be the result of the drug.

1867.	Hour.	Quantity of drug.	Specific gravity of urine.	Amount of urine in 24 hrs.	Symptoms, &c.
June 6	...	1 drop of 2nd dec. dil.*	32	...	Urine healthy.
7	...	2 drops	20	...	
11	...	5 „	...	...	
12	...	6 „	...	...	Head heavy on waking; general languor; aching at occipital protuberance. Dry coryza; left nostril stuffed; itching in nose. Stye in left upper lid. Constipation. *Evening.*—Occipital and *frontal* headache.
13	...	7 „	...	...	Trace of albumen; urine acid. No appetite.
14	...	8 „	25	...	Warm amber colour; flocculent; very slightly acid.
15	...	9 „	32	...	Woke with occipital headache. *Vertigo* twice in the evening.
16	...	10 „	25 (2.30 p.m.) 15 (nocte)	...	Ill temper; he is cross with everybody. Œdema of lower lids worse than usual. No albumen, no phosphates, nor lithates. Stiffness in loins.
17	...	11 „	...	...	Woke at 2 a.m. with an urgent desire to evacuate bladder and rectum; borborygmi; small soft stool.
18	...	12 „	35	...	Small painless ulcer, with one elevated side, in buccal aspect of left cheek, opposite left anterior upper molar.
19	...	13 „	24	...	Ulcer more tender; worse in evening. No apparent increase in quantity of urine.

* Dilutions in all cases were reduced from a saturated aqueous solution. The salt was prepared by Mr. William Bailey, Manufacturing Chemist, Wolverhampton.

1867.	Hour.	Quantity of drug.	Specific gravity of urine.	Amount of urine in 24 hrs.	Symptoms, &c.
June					
20	...	14 drops of 2nd dec. dil.	40 (stale)	...	Inside of cheek very sore.
21	...	15 drops	30	...	Ill-humour. Acne on forehead. Cheek better. Anal pruritus [D].
22	...	...	22	...	
23	...	16 drops	25	...	Cheek better. Cutting feeling at back of fauces [D]. 10 micturitions in 24 hours.
24	...	...	30	...	Slight burning in urethra [D]. In the evening, pain shooting from right orbit to the occipital protuberance.
25	...	17 drops	31	...	Frontal headache [D]. Anal pruritus [D]. 9 micturitions in 24 hours.
26	...	...	...	...	Frontal headache.
27	...	18 drops	25	...	Small quantity of phosphates.
28	...	...	27	...	Languid.
29	...	19 drops	27	...	No sugar either by Moore's or by Fehling's tests.*
30	...	...	34	33 oz.	Excessive flatulency in stomach and bowels [D]. Saliva and urine highly acid. Sore pain in vesical region in evening. Burning in the urethra.
July					
1	...	20 drops	30	...	Desire to urinate again immediately after voiding the bladder.
2	...	...	34	24 oz.	Extreme languor on rising from bed. Fishy odour of urine.
3	...	21 drops	27	33 oz.	Hawking of very tenacious mucus.
4	...	...	24	...	Highly acid. Sugar, albumen, phosphates, and lithates, all absent.

* The urine was daily tested for sugar without detecting its presence by one or both of these tests.

1867.	Hour.	Quantity of drug.	Specific gravity of urine.	Amount of urine in 24 hrs.	Symptoms, &c.
July 5	...	22 drops of 2nd dec. dil.	25	40 oz.	
6	...	...	30	30 oz.	Very cloudy; deep amber colour; slightly acid. No sugar, no salts.
7	...	...	28	31 oz.	Slightly acid.
8	...	...	35	24 oz.	No albumen; much mucus.
9	...	...	38	...	
10	...	...	31	28 oz.	
11	...	...	30	31 oz.	
12	...	24 drops	25	29 oz.	
13	...	...	24	22 oz.	Acid.
14	...	...	25	24 oz.	Nostrils sore [D].
15	...	...	32	...	Small scab in right nostril, with soreness [D].
16	...	30 drops	27	...	Lids much swollen in morning [D].
17	...	40 „	27	43 oz.	Pain at lower angle of left scapula, aggravated by taking a deep inspiration [D].
18	...	50 „	25	50 oz.	
19	...	60 „	23	42·5 oz.	Copious deposit of phosphates [D] (after reading all night).
20	...	70 „	26	25 oz.	Phosphates less [D].
21	...	80 „	28	33 oz.	
22	...	90 „	27	39 oz.	
23	...	100 „	30	26 oz.	Pulse, lying, 69; standing, 74.
24	...	110 „	27	26 oz.	Dull aching in right temple immediately after taking.
25	...	5 drops of sat. sol.	22	36 oz.	Acid.

1867.	Hour.	Quantity of drug.	Specific gravity of urine.	Amount of urine in 24 hrs.	Symptoms, &c.
July 26	a.m.	...	32	40 oz.	High-coloured and turbid; more than usual chlorides; no lithates.
	11.45 p.m.	30 drops of sat. sol.	...	...	In 5 minutes slight pain over left eye; tasteless eructations.
27	11 p.m.	60 „	25	31 oz.	
	12 p.m.	...	...	...	Pain over left eye.
28	1 a.m.	...	...	...	Contracted feeling in throat; eructations.
	1.45 a.m.	...	...	...	Micturated for the second time since 11 p.m. yesterday; sore feeling in pubic region.
	2.30 a.m.	...	...	...	Micturated for the third time.
	8.30 a.m.	...	...	...	Micturated for the fourth time; 22 oz. since 11 p.m. of 27th.
	9 a.m.	...	...	...	No sugar; soft stool.
	10.30 a.m.	...	...	...	Micturated for the tenth time.
	6.30 p.m.	...	...	...	Micturated for the eleventh time.
	8.30 p.m.	...	14	31 oz.	Micturated for the twelfth time in 21½ hours.
29	...	...	32	...	
30	...	...	30	...	
31	...	...	27	...	
Aug. 3	10.30 p.m.	Solution containing ½ oz. injected into rectum	27	...	Chlorides and phosphates plentiful; no lithates. Solution forcibly returned in 20 minutes, causing sharp colic and tenesmus, with raw feeling in rectum, followed during sleep by an unconscious seminal emission.
4	6 a.m.	...	...	...	20 oz. of urine have been passed since 10.30 last night, of specific gravity 1015; copious chlorides; less phosphates.
	5 p.m.	...	30	...	
	9.30 p.m.	...	30	...	

Specific Gravity.

Normal average.	1026.
Whilst taking drug	1028.
Normal maximum	1032.
Whilst taking drug	1038.

Quantity of Urine in twenty-four hours.

Normal average	29 oz.
Whilst taking drug	32 oz.
Normal maximum	37 oz.
Whilst taking drug	50 oz.
Normal minimum	24 oz.
Whilst taking drug	24 oz.

Proving II.

Young female prover with chronic albuminuria, July 18th, 1867.

1867.	Quantity of drug.	Specific gravity of urine.	Amount of urine in 24 hours.	Symptoms, &c.
July 18	2nd dec. dil.	1015	41¼ oz.	
19	...	1012	54 oz.	
20	...	...	42 oz.	
21	50 drops	1012	50 oz.	
22	60 „	1022	38 oz.	Copious albumen. A few small white vesicles, with red areolæ, on hands and legs; they burn and itch. Tight feeling round waist.
23	100 „	1017	28 oz.	No sugar.
24	110 „	1010	48 oz.	Neither sugar nor albumen; debility, cold feeling, vertigo; red spots on hard palate, which feels raw; breasts turgid, tender, with burning pain; pain in nape of neck; pain all over abdomen.
25	10 drops of sat. sol.	1015	48 oz.	No sugar; only a trace of albumen.
26	...	1015	...	No sugar nor lithates, but copious chlorides.

28th, *before catamenia.*—Heavy burning pain right side of vertex; clothes feel very tight; fulness in head, and sensation of blood flowing to that part; cold feet; restless night; tendency to diarrhœa.

29th, *during catamenia.*—More copious than usual, with dark clots; giddy and faint; great prostration and drowsiness; shivering; vomiting, with much nausea; no appetite; diarrhœa, followed by palpitation and flushing of upper body; borborygmi, with violent pains in abdomen.

Proving III.

Full-sized doe rabbit.

September 28th, 1867.—ʒss introduced into stomach in solid form.

29th.—ʒss introduced into stomach; coat looks rough.

30th, 9.30 a.m.—ʒss of sat. sol. introduced into stomach, in quarter of an hour urinated freely; s. g. 1033; no sugar. Urinated again in the afternoon, no sugar; urinated again in the night, no sugar.

October 1st.—ʒss of sat. sol.

2nd.—ʒss of sat. sol.

3rd.—Died last night; was found lying on right side, with clear fluid flowing from mouth.

Post-mortem October 3rd, 10.30 a.m.—Rigor marked.

Stomach largely distended with food; mucous membrane near the cardiac orifice is *friable, with one hæmorrhagic spot;* increased vascularity of great curvature, all the other organs were perfectly healthy, as proved by careful comparison with those of a similar undrugged rabbit killed at same time. Careful microscopical examination revealed no pathological change in any part of the kidneys.

Provings IV and V.

Two young buck rabbits of the same age.

October 9th.—To each 5 drops of 1st dec. dil.

10th.—	do.	do.
11th.—	do.	do.
12th.—	do.	do.

No. IV.

October 12th, 11.15 a.m.—Gave 5 drops, which caused retching. After pressing lumbar vertebræ laterally between my finger and thumb, turned on its left side, as if moribund, and passed a stool. Left eyelids inflamed and agglutinated. Hepatic region seems tender, but there is no soreness on pinching kidneys sharply. Died in the middle of the day.

Post-mortem October 14th, 10 a.m.

Stomach contains food thickly coated with viscid white mucus. *An ulcer as large as a hemp-seed, and surrounded by a red areola* on the great curvature half an inch from pylorus.

Kidneys. — Right kidney very pale, left kidney dark (hypostatic ?).

No. V.

October 13th.—Died last night.

Post-mortem 14th, 10 a.m.

Brain.—Ventricles healthy in both rabbits; no change in any part of either large or small brain or medulla.

Spleen.—Very small and pale in both.

Liver.—In both of natural size and colour; gall-bladder nearly empty.

Stomach same as in No. 4 in every particular, but that the ulcer is one inch from the pylorus.

Kidneys.—Capsules healthy in both animals; natural size; medullary layer of a much deeper colour than cortical; normal in structure in both rabbits; rest of genito-urinary apparatus healthy in both.

PROVING VI.

Middle-sized healthy rabbit.

October 17th, 11.30 a.m.—Injected 10 drops of sat. sol. into cellular tissue of right thigh.

18th.—Taken no food; lies on left side, making ineffectual attempts to rise; died that night.

19th.—Post-mortem 10.30 a.m.

Bladder filled with pale urine of an alkaline reaction, with copious flocculent deposit, but containing no sugar; the fundus extends nearly to the umbilicus.

Stomach full of food; same mucous appearance; pylorus congested; there is, about one inch from the pyloric end,

and on the anterior surface of the stomach, a yellow* *patch, measuring half an inch by one eighth of an inch, surrounded by a pink congested areola,* much resembling the ulcerated surface by Nos. IV and V.

Liver lobules very distinctly seen on surface, on which appear a few pale vermiform markings, which prove to be tubes traversing the substance of the liver. Other organs perfectly healthy.

Proving VII.

Full grown tom cat (left eye slightly inflamed).

October 22nd, 10.30 a.m.—Injected 1 drop of 1st dec. dil. under skin of right hind thigh.

24th, 10.30 a.m.—Injected 1 drop of 1st dec. dil. into left hind thigh.

25th.—Copious salivation †; lachrymation from left eye; lids closed, when forced open, purulent, acrid matter flows out; marked photophobia.

26th.—Less salivation; eye better.

27th.—Still slightly salivated; eye well.

30th.—5 p.m.—5 drops of dec. dil. into right fore thigh. No salivation; no marked tenderness in renal region.

November 1st, 10.30 a.m.—1 drop of sat. sol. into left fore thigh. Copious flow of clear, extremely viscid, alkaline saliva, which contains no sugar.

2nd, mid-day.—Rectal temperature 101·2°; slight salivation; discharge from eye has given her a sore cheek.

4th, 2 p.m.—5 drops of sat. sol. under skin between shoulders; saliva contains no sugar.

8th, mid-day.—20 drops of sat. sol. into right hind thigh; urine is natural in quantity, acid, pale, turbid, contains *sugar* with copious albumen and chlorides; does not slaver except under the influence of terror; it is now much emaciated.

10th, mid-day.—The coat is rough; purulent discharge from left nostril; no appetite; ineffectual tenesmus; cough;

* The yellow colour was mere post-mortem staining by bile.

† Salivation appears to be easily induced in cats. Vide *Iris Versicolor*, Hale's *New Remedies*.

it trembles, and totters when attempting to walk. Died that night, lying prone.

11th, 9.30 a.m.—Post-mortem. Stomach and duodenum are full of dark blood.

Stomach contains no food, surface covered with spots of ecchymosis size of pins' heads.

Duodenum.—In upper part are *two large ulcers, with well-defined margins, surrounded by congested areolæ, and with adherent black coagula; one of these has nearly caused perforation.*

Rectum.—Full of very hard dung.

Liver.—Has a crisp section; other abdominal organs quite healthy.

Bladder full of faintly acid water, which is albuminous, but contains no sugar (inanition?).

Heart and *Brain* are healthy.

Lungs can be inflated, except a large part of both lower lobes; these lobes float in water, *gray miliary spots* are scattered over the surface, and on cutting through this part of the lung, similar spots are seen, which, when placed under the microscope, look like gray tubercles.

Provings VIII and IX.

Two young rabbits, same litter.

No. VIII.

November 11th, mid-day.—1 drop of sat. sol. in hind thigh.

14th.—Died last night; all the organs are healthy, except the

Stomach, on the great cul-de-sac of which is *an ulcer, size of a small pea, surrounded by a florid raised border;* there are about ʒij of pale yellow fluid in the abdominal cavity, coagulates with heat.

No. IX.

No drug was given to this rabbit, which was killed for the sake of comparison; its organs were found to be perfectly healthy.

Provings X and XI.

Two young rabbits, same litter.

November 15th, 9.30 a.m.—Injected 5 drops of 1st dec. dil. under skin of left thigh [hind] of each rabbit.

No. X.

Died November 17th.

Post-mortem, 10 a.m.

Stomach, a patch of congestion on upper border near pylorus.

Liver healthy, gall-bladder full of bile.

Kidneys healthy; urine albuminous;* no sugar.

Lungs, heart, brain and *spinal cord* healthy.

No. XI.

Died November 18th.

Post-mortem 10 a.m.

Stomach healthy. There is a small quantity of fluid in abdomen.

Liver slightly congested; gall-bladder full.

Kidneys healthy; urine contains neither sugar nor albumen.

Lungs, heart, brain and *medulla* healthy; lower part of *cord* seems slightly congested.

Proving XII.

Middle-sized male rabbit.

November 22nd, 11.30 a.m.—Injected 5 drops of 1st dec. dil. into right hind leg.

25th.—Takes no food.

26th.—Died, lying on left side.

27th, post-mortem 1.30 p.m.—Abdominal cavity contains nearly half an ounce of beer-coloured fluid, which coagulates by exposure.

Duodenum congested, especially towards pylorus.

Stomach thickened; whole of coat is so soft that it can be detached by gently rubbing it; extravasation under mucous coat in several places along greater curvature (post-mortem?).

Kidneys.—Healthy.

Liver natural; gall bladder full.

* Albumen is found normally in the urine of the rabbit.

Pericardium.—Full of coagulated fluid resembling that in abdomen.

Heart.—Right ventricle seems dilated.

Lungs healthy, pleuræ contain fluid.

Brain, medulla, and *spinal cord,* healthy; *bladder* empty.

PROVING XIII.

Full-grown female cat to be treated in precisely the same way as first cat.

November 25th.—1 drop of 1st dec. dil. under skin of right hind thigh.

27th.—1 drop of 1st dec. dil. into left hind thigh.

29th.—Great thirst; she has been vomiting this evening; the latter symptom continued with intermissions until death.

Died December 3rd. Post-mortem 11 a.m.

Liver congested; gall-bladder full.

Abdomen.—A great deal of coagulated fluid in the peritoneal cavity.

Stomach full of bile.

Duodenum inflamed through its whole tract.

Jejunum contains a tænia.

Ileum congested at upper portion, greatly inflamed at lower portion, which is full of coagula and segments of tape-worm.

Bladder moderately full; urine albuminous, slightly acid, but contains no sugar; all other organs healthy.

(*To be continued.*)

CASE OF INTESTINAL OBSTRUCTION.

By Dr. C. B. KER.

THE seat and kind of obstruction in the following case must be matter of conjecture; nothing occurred in its progress to determine positively whether that obstruction, which continued forty-six days, was in the large or in the small intestine, though the symptoms argued more in favour of the latter as the part in fault.

At 5 a.m. on the 18th of April of last year I was sent for to E. M—, a girl, twenty years of age. I found her restless and in a state of great exhaustion from constant

retching and vomiting. The matter vomited was chiefly green bile, and the attacks occurred every half hour. I was told that though the symptoms had not been so urgent for more than a few hours, she had kept nothing on her stomach for nearly a week. Before that time she had had a sharp attack of diarrhœa lasting about three days, but, since then, no action of the bowels whatever. For a week, therefore, the bowels had not been opened at the time I saw her. During that week very little urine had passed, and that high in colour. There was no abdominal tenderness, but a little pain in the back just below the waist. The pulse was very quick and small, the tongue moist and furred, and the face pale. She had fainted two or three times. I learned from the mother that there was a love affair in the case, and that the girl had been ailing and wanting in spirit and strength for nearly three months, though not exactly ill. The catamenial discharge was regular, and her last period had occurred three weeks before. I prescribed a linseed-meal poultice to the epigastrium, iced-water or milk for food and drink, and *Opium*. When I saw her four hours later she was somewhat easier. There had been no vomiting, but no urine had passed for twenty-four hours; the pain in the back still continued, the bowels were still costive, the tongue was dry, and the pulse small and quick as before. I continued the poultices, the iced milk and water, and the *Opium*. Nine hours later (6 p.m.) I found that she had been sick only once, and then had brought up green bile; there was no pain in the back, no action of the bowels, no urine, and the pulse small and fluctuating; she had taken a small quantity of beef-tea, which was probably the cause of the vomiting. I prescribed an injection of warm gruel.

On the following morning, the ninth day of constipation, I was told that there had been no effect from the injection; that there had been two attacks of vomiting, and that she had passed a small quantity of very dark-coloured urine after forty hours' suppression. The pulse was more regular but very small; the sinking and exhaustion and restlessness great; the skin cold and clammy, and the tongue

furred. She had swallowed small quantities of beef-tea and iced-water.

On the next day, 20th, the vomiting of bile continued, though not at frequent intervals; there was no stool; urine had been twice passed; there was hiccup and fever and utter prostration of strength. I then prescribed *Nux Vomica* and another injection.

On the 21st, the eleventh day of constipation, I found that still there was no stool, but that the monthly period had come on which I thought a favorable sign. The vomiting of bile still continued. I then prescribed castor-oil and returned to *Opium*. At 8 p.m. on the same day the report was—still vomiting of bile and of matter having a fæcal smell; urine dark-coloured and in very small quantities, no pain; relieved greatly by vomiting, but much distressed just before; moist tongue; no action of the bowels from the oil or the injection (the oil was vomited immediately after it was swallowed); pulse 80 and very weak; skin hot; flatulence, sunk features, and earthy-coloured complexion.

On the morning of the 23rd there was the same nausea and vomiting and the same constipation; but in the evening of that day some scybala were brought away by a soap injection, assisted by prolonged kneading of and pressure on the abdomen, scybala which had probably been in the lower bowel since the diarrhœa.

On the next day slight tenderness was complained of in the region of the caput cæcum, and there were also fever and delirium and much drowsiness, with occasional restlessness and tossing and heat of skin, but the pulse not rising above 88; there was also a good deal of the pain in the back about the waist, as if a great weight pressed there. I had given during this and the previous day *Plumbum aceticum* and more soap injections and seidlitz powders, but all without effect. I resolved, accordingly, to give no more medicine, and to content myself with watching the case and giving nourishment as I best could and even by injection if necessary. The medicine I had given did not appear to me to have done any good, and the castor-oil and seidlitz powders positive harm, by inducing violent retching

and vomiting. I did not believe that any of the stronger purgatives, croton-oil, for instance, would have staid on the stomach, but if they had, they would probably have done mischief by injuring the seat of obstruction, if that obstruction were of the nature of volvulus or hernia. By leaving the case very much to nature, also, I was following the experience of many who have written on and treated cases of intestinal obstruction, the point being first settled that impacted fæces was not the cause. In this case I very soon came to the conclusion that accumulation of fæces was not the cause of the symptoms. The previous sharp attack of diarrhœa had completely emptied the bowels; injections had brought away nothing but two or three small lumps of fæcal matter, though the whole of the colon must have been filled by those injections; the surface of the abdomen was soft in every part and without tenderness or fulness, and the severity of the symptoms pointed much more to the ileum than the colon as the seat of obstruction, vomiting and collapse and scanty high-coloured urine being generally in proportion to the nearness of the seat of obstruction to the stomach.

From this date to nearly the end of the illness, therefore, I contented myself with administering an enema now and then, more to prove the condition of the colon than in the hope of bringing away the fæces, and with administering as much as the stomach would bear, which was not much, of iced water and milk, of beef-tea, of orange juice, and of the juice of grapes. Though the greater part of this food was vomited, still some was absorbed which accounted for her not sinking from starvation. I had the abdomen kneaded and shampooed regularly, and frequently fomented with hot and cold water, and compresses were applied every now and then. One chief object I had in view was not to irritate the stomach, and from the time I ceased to give aperients, there was much less of nausea and vomiting, and greater freedom from fever and restlessness and general discomfort. In one or two of the injections I put twenty or thirty drops of the mother tincture of *Belladonna*, having met with a record of some cases of ileus so treated, and

with success. But no particular effect on the bowels was caused by them. To return to the report of the case.

On the 25th, the fifteenth day of constipation, there was vomiting only once, a lower pulse, paler urine, but some delirium, and pain in the back and tenderness in the caput cæcum.

On the 26th more natural sleep, and in other respects much the same.

On the 27th I found her sleep had been quiet and refreshing, but there was still no change in any other respect.

28th.—Makes no complaint; dozes a good deal; has kept coffee and beef-tea for some hours on the stomach.

29th.—One attack of vomiting. An eruption of petechial-looking spots has appeared on the legs and back and hips; asks for food.

30th.—Bad night from the troublesome itching of the eruption which is now over the whole surface of the body, and more of a purple than red colour; some vomiting and retching, during which a small quantity of bloody mucus was brought up; slight restlessness and delirium. A small quantity of brandy was given this day but not tolerated, and I gave no more through the remainder of the illness.

May 1st, the twenty-first day of constipation.—The eruption was less irritable, and she was altogether more comfortable; a hot bath which I ordered relieved her greatly and gave her some good sleep; she kept on her stomach toast and beef-tea.

On the next three days the symptoms remained much the same; the eruption gradually died away; the vomiting continued but less in degree and not of bilious matter; the pain in the back continued, and fever and delirium to a very slight extent; the pulse ranged between 80 and 100, but was firmer, and the appetite was tolerably good.

5th.—The skin over the whole body is exfoliating as after scarlatina, but over the region of the right hypochondrium, a bluish stain, as from varicose veins underneath, has appeared on the skin to the extent of a hand's-breadth; there is no tenderness, but, at that spot, there has been a stuffy sensation and sense of obstruction from

the beginning of the illness; is feeling better in other respects, but complains of throbbing just above the umbilicus and of hiccup, which she has had also during a great part of her illness.

During the next three days she went on favorably on the whole, though with some fluctuations; there was some hardness and tenderness in the region of the right hypochondrium, the blueish stain continued; no day passed without vomiting of food, the tendency to delirium now and then showed itself; the pulse varied from 80 to 95; the pain in the back continued, and much heat in the nape was complained of; the sleep was tolerably good; there was some tenderness in the abdomen just above the region of the umbilicus, but still there was no motion of the bowels, twenty-eight days having now passed since the last evacuation.

During the next six days little change occurred; the blueish stain which still existed in the right hypochondrium had extended to the right mamma, where it presented still more the appearance of varicose veins; the range of the pulse was rather higher, being from 90 to 100; the vomiting of everything except liquids continued; there was no pain except in the back, and the bowels continued bound; some fulness and slight tenderness are felt in the region of the transverse colon.

For the next four days, from the 15th to the 18th of May, both inclusive, there was no particular change to record; the appetite and strength improved, the former so much as to lead her to take liberties; she took some buttered tea-cake, and had, soon afterwards, an attack of bilious vomiting. She sleeps well, and spends half the day in reading.

On the 17th she had a hot bath which relieved her greatly.

On the 19th there was so much pressure low down in the rectum accompanied with urging to stool, that I prescribed another hot bath, to be followed by a large enema, but no effect on the bowels was produced by the injection.

For the next four days she went on in much the same

way, and had no vomiting during the last three of them, though she had taken broth and biscuit and fruit and bread; the sensation of bearing down in the rectum continued with some pain, and pressure in the sacrum; the catamenia are a week behind time; the purplish stain in the right hypochondrium and over the right mamma has nearly disappeared; there is no abdominal fulness nor tenderness. From this time she had no more vomiting except once, and that was caused by imprudence in diet.

On the 24th and 25th the symptoms of clogging of the lower bowel increased, though, as far as her general health was concerned, she felt better and stronger, and I therefore resolved to risk a return of the vomiting by giving a large dose of castor-oil, to be followed by an injection.

This prescription was followed on the 26th, the forty-sixth day of the constipation, and happily with effect. The stool was not very large nor scybalous, but firm and adhesive, and of a bright orange colour, and had to be got out partly by the finger. The castor-oil fortunately had not been vomited. The pressure and aching in the lower part of the back and sacrum gradually became less after this motion, which was followed on the next day by a small natural coloured stool, and afterwards by others more and more free on the succeeding days. I prescribed *Nux Vomica* and *Plumbum aceticum* for the next three or four days, and took my leave of her on the 6th of June when she had no longer anything to complain of, the stomach and bowels being in a perfectly normal state. From that time to this, the 14th of October, she has continued quite well.

What description of intestinal obstruction can we call this a case of? That it was not a case of impacted fæces or accumulation of fæcal matter is proved by the result. No such accumulation or scybalous masses ever passed away. It could not have been strangulation of the intestine, for such strangulation would have been attended with pain referred to some one part of the abdomen. Volvulus or intussusceptio would also, most probably, have been attended with pain and the passage of bloody mucus from the anus. But no such acute pain was com-

plained of from the beginning to the end of the illness, nor any bloody mucus passed. It could not have been owing to the mechanical pressure of a tumour, simple or malignant, for no such tumour was detected, and recovery took place, which, if a tumour had caused the symptoms, could scarcely have happened without betrayal of the cause, and yet some of the most formidable symptoms of ileus or organic obstruction were present—complete constipation, vomiting of bilious and other matter having a fæcal smell, if not actually fæcal, utter prostration of strength amounting almost to collapse, suppression of urine, fever and delirium and tossing, hiccup, and cold clammy surface of the whole body. My own explanation of the symptoms scarcely satisfies me, and yet I give it as furnishing a possible, if not probable, solution. Abercrombie, Copland and others, in the post-mortem examinations of cases of fatal ileus, frequently could discover no lesion of any kind, and nothing but an unnatural distension (instead of contraction as one would have expected) of one part of the small intestine; and this distension they referred to a paralytic affection of the muscular coat. A paralytic affection of the intestine would destroy the function of the part paralysed, and, of course, arrest the peristaltic action. Obstruction to the canal would, therefore, result as completely as from constriction of the part. In hysterical girls we know that a kind of pseudo-paralysis of certain muscles or limbs occasionally occurs, appearing and disappearing without apparent cause. My patient was not a hysterical girl, but her spirits had been greatly depressed, and her general health lowered for three months prior to her illness by a love affair which was not promising well. She was thus predisposed to take illness in a severe form. An attack of diarrhœa still further depressed her physical strength and determined the direction of fresh mischief—established the weak point, in fact. To this weak point, accordingly, the mischief settled in the shape of paralysis of the intestine. All the symptoms I do not say *are*, but *may be*, explained by this hypothesis.* As to the part of the intestine

* Cullen's explanation of many cases of ileus may be a correct one, that of

affected, it was, most probably, high up, perhaps as high up as the duodenum. The pain and slight tenderness in in the right hypochondrium, and the sensation of stuffing and obstruction there, which she complained much of in the early part of her illness, and the pain in the back just below the waist, all point to a cause existing in some part of the bowel not far from the stomach. The passage of a gall-stone suggested itself to me more than once as a cause of the symptoms, but no gall-stone was ever found, and there was none of the intense pain in the epigastrium generally noticed in such cases. If the gall-stone had been large enough to obstruct the bowels, it could never have passed along the ductus communis choledochus, and if it had once got through that short passage it would have made its way easily along the intestinal canal.

An interesting feature in the case is the itching eruption or rash which first showed itself on April 29th, the ninth day of the constipation, and which continued more or less for five days, and was followed by exfoliation of the skin. On the disappearance of this rash a deep purplish stain appeared in the right hypochondrium, which shortly extended up to the right mamma, and lasted for more than a fortnight. This discoloration had the appearance of varicose veins, as I have said before. How far the rash was critical, just as a profuse sweat might have been, is a question of some interest. There is no doubt that she felt better after it appeared, that there was better sleep, more appetite, and less vomiting. Still the bowels were not opened for twenty-seven days afterwards. I believe, however, that some change to the better took place at that time, that she then secured a gain which she did not afterwards lose.*

As to treatment there is not much to be said. I soon

spasm or perverted nervous action, and such an explanation might account for the symptoms of my patient.

* In the forty-third volume of the *Half-yearly Abstract of Medical Sciences* Dr. Brydon, of Hawick, reports a case of ileus in which a portion of intestine, eighteen inches long, sloughed away, and was passed on the twelfth day, *and in which a measly eruption appeared on the skin on the tenth day*, and continued seven days.

came to the conclusion that mere drugs could do no good, and, in the shape of purgatives, might do harm. I, therefore, resolved on watching the case closely and aiding nature's efforts when I was sure of the direction in which those efforts were made. Aitken, Greig, and even Abercrombie admit that aperients are worse than useless, if intussusceptio or spasm or paralysis is the cause of the obstruction. Indeed, purgatives can only be useful in cases where fæcal accumulations are the offending cause, and I was soon satisfied that such was not the case in my patient. The chief reliance of writers of the old school lies in enemata, and the oldest of all the old remedies, one recommended by Hippocrates, is now held by many modern writers to be one of the best; if not the best—the inflation of the bowels with air by means of a pair of bellows. Had I thought that the colon was loaded I would have tried this remedy, but the return of large injections, after having been retained some time, without bringing away anything whatever, satisfied my mind that the seat of mischief was in the small and not in the large intestine. The other remedies for ileus so strongly recommended by ancient and modern writers, with the exception of the most simple of them—hot baths, compresses, linseed-meal and ice poultices, shampooing, &c., I did not make trial of. Some of them are heroic, and others amusing enough, from the enterotomy of the modern surgeon to Sydenham's remedy of a live kitten applied to the belly. It must have been in very desperation that Sydenham recommended such a remedy, for he remarks, in treating of ileus in another place, that it is a disease which is always fatal. Solid mercury to the extent of several ounces, and lead-shot to the extent of two pounds, Copland mentions as having been prescribed in this disease, with the intention, of course, of driving all obstacles before them. But the advantage of such a remedy must be doubtful, to say the least of it, and in many cases, and in such a one as the above, nothing but harm could have been the result, as I could only have treated a theory of disease rather than an actual disease in this case. I felt it to be better to let drugs alone, and the result happily

proved the safety, at all events, of the course I took. In cases of doubtful diagnosis it is better to do too little than too much.

ONE DAY OF MY PRACTICE.

By Dr. WATZKE.

(*Continued from Vol. XXV, p.* 573.)

EPISODE ON CHOLERA.

WHEN, in the summer of 1865, the Asiatic cholera was approaching the borders of Austria, there appeared in a Vienna journal an article which informed the public of the precautions to be used against it; and, in addition, warned every one most emphatically, if he should be seized with the disease, not to allow himself to be *treated homœopathically!* Rich as is our cholera literature in brochures and volumes, it seems to have had no existence for this poor man, otherwise he could not possibly have conceived to himself so hopeless a notion of our cholera practice, and so favourable a one of our opponents. Let us try to rectify this notion in some measure.

According to the reports published by Dr. Roth* on cholera, patients treated by 14 homœopathic physicians in Vienna, Hungary, Moravia, and Bohemia, 85 *were certified* to have died out of 1,269—*i.e.*, 6·8 per cent. Of the 154 treated by Bakody at Pesth, the 125 by Veith at Vienna, and the 1,073 (*sic!*) by Quin in London, 106 succumbed to the epidemic, giving a mortality of 7·8 per cent.

Moreover, it is known that the oppressive prohibition laid upon the practice of homœopathy in the Austrian states since 1819 was withdrawn mainly in consequence of the good results attained by my honoured friend Dr. Fleischmann at the Gumpendorf Hospital in the epidemic of 1836.

* *Die hom. Heilkunst in ihrer Anwendung gegen die asiatische Brechruhr*, Leipz, 1833.

Even from these few data our ignorant hero of the journal may conclude that it is always right and advisable, before a man writes or speaks on a subject, first to procure some information about it.

This episode has for its object the epidemic of 1854, so far as I came in contact with it in medical practice. I have not very often had occasion to measure myself with the fearful disease. In the families which I attend a considerable number of choleraic seizures and attacks of "cholerine" have taken place, but only five severe, fully-developed cases of cholera proper.

The first case was that of a lady past 60, who, after taking a mixture of camphorated spirit and coffee berries for nearly twenty-four hours with increasing aggravation, recovered by taking *Veratrum* alone. Her convalescence was attended for a long time with great weakness and languor.

In the second case, a young woman of 30 surprised me, who had for years suffered from a fibro-chondroid tumour of the uterus, in consequence of which she is sadly fallen away, looks very ill, has little appetite, and at almost every monthly period is seized with violent colicky pain of the bowels and copious hæmorrhage from the womb. Her legs, now twice their natural size from œdema, which extends from the toes to the hips, allow her to move but very little.

After I had been treating her eight or ten days for a moderate, painless, watery mucous diarrhœa, which did not seem dangerous, with but three or four stools daily, I was sent for in a great hurry at 3 p.m., Oct. 9th, of this year. They did not find me at home, so I did not get there till 6, and found my patient in a state which made me very doubtful of the possibility of cure. Hands and feet cool, covered with clammy sweat, voice almost lost; pulse and beat of the heart irregular and intermittent, first strong and full, then small, weak, and hardly perceptible; features sunken, eyes deep in the sockets, nose pointed and cold; thirst violent; mood extremely apathetic. Vomiting and purging had for two hours taken place nearly every 15 minutes of

the characteristic "rice water" in considerable quantities. *The œdema of some years' standing had, within a few hours, quite disappeared from the lower extremities.*

Besides the hot cloths with which they had hitherto tried, though in vain, to warm her abdomen, hands, and feet, I prescribed a few drops of *Tinct. Veratr.* in half a glass of water, a few teaspoonfuls to be given every ten or fifteen minutes; for drink, cold water, besides which I told them to give her frequently a few spoonfuls of warm soup.

Two hours after I came again; she was still in the same hopeless state. *Arsen.* 3 was now given every 15 minutes alternatively with *Veratrum.* I took leave, bidding them, if no amendment appeared within two hours, to discontinue both medicines and try two or three drops of *Camphorated spirits* on sugar every five or ten minutes, and send me a report at 6 next morning. The report declared (I confess I expected a different one) that vomiting and purging had ceased soon after the first dose of camphor, and the patient now felt somewhat better.

About nine I found the hands and tongue still pretty cool, the pulse intermitting every third or fourth beat, and her looks rather improved. No urine, however, had passed as yet all night.

The *Camphor* being continued, at first every half-hour, afterwards every two or three hours, the amendment progressed up to October 12th, *the fourth day of illness,* so well that the danger might be considered removed. The legs began to swell again about 14 days after, and shortly resumed their former dimensions.

The third case, though not developed to the dangerous height of the second, and allowing much more room for a better prognosis, terminated, alas, unfavourably.

A man, nearly 50, who in former years had had several attacks of pneumonia, and afterwards obstinate chronic catarrh and hæmoptysis, yet at present of pretty strong constitution, was seized, a few days after his return from his summer residence to Vienna, with a slight diarrhœa. Paying little regard to this, he made no change in his usual mode of

life, and even ate a good portion of a smoked sausage from the country next day (Oct. 26, of this year) for lunch. That afternoon, on going into the open air, he felt chilly, and, on his return to the house, looked uncommonly ill. The diarrhœa recurred several times in the day. For supper he took roasted meat and potatoes.

Next night, a very restless one, diarrhœa more frequent. Oct. 27th, morning, a physician, and friend of the family, who was called in, ordered strict diet, quiet in bed, hot dry applications on the abdomen and *Ipec.* Watery stools almost every 15 minutes all day.

At 10.30 p.m. I was sent for. Hands, forehead, and tongue cool; the hands covered with clammy sweat; pulse 100 and more, sufficiently strong and full; thirst violent; voice getting hoarse; last stools pretty copious, like greyish-yellow water, with yellow flocculent mucus. Soon after I came he vomited, for the first time, a washing bason full of similar water.

I could not but express great anxiety. I prescribed *Veratrum,* a few drops in a glass of water, two teaspoonfuls every 15 to 30 minutes.

Oct. 28.—Much the same. *Camph. spirit,* two or three drops alternately with the *Verat.* every 15 minutes.

At 4 p.m., Dr. Fleischman in consultation, made no change, the medicines evidently doing good.

Oct. 29.—The family friend jubilant, forgetting Juvenal's "tecum prius ergo voluta hæc animo ante tubas." The good wife rather astonished me by a hearty embrace. No vomiting since midnight; stools of a little yellowish mucus, much seldomer; hands, forehead, and tongue comfortably warm; pulse 80; thirst less; hoarseness nearly gone; has slept quietly some hours; enjoys a cup of bouillon, and thinks of getting up in a few days. But—alas!

That very night began great oppression of the chest, fatiguing dry cough, dull pain in the head, anxiety, with great languor, and no urine all day; diarrhœa less frequent; patient slumbered at night for an hour at a time, and next morning, Oct. 30, the collective sufferings were visibly alleviated—*yet* our fears increased hourly, for no urine had appeared.

Next evening; violent aggravation; weary fits of coughing; want of breath; fainting, desponding mood.

Oct. 31 and Nov. 1.—He died in the night, without the cholera countenance, without blueness of the skin, but with symptoms of paralysis of the lungs; four hours before his pulse still gave 80 full, strong, and regular beats per minute, and his hands and face had nearly the normal temperature.

Query, had the cholera shocked too violently and deprived of its power the undoubtedly tuberculous organ, which might but for that have been capable of its functions, perhaps, for years? or, were the pulmonary symptoms a consequence of urine received into the circulation—uræmia?

The 4th case was distinguished alike by its rapid development to a dangerous height, and by an equally rapid decrease and cure.

The patient, æt. 40, who had often suffered before from inflamed throat, catarrh, and hæmoptysis, had several lax stools the day before, but disregarded them. Towards evening, in travelling from the country, he felt chilly, and at home very unwell, so went to bed; sleep disturbed repeatedly by watery stools.

About 10 a.m., with violent rumbling, the evacuations assumed the choleraic character by vomit and stool. I came at 11. Tongue dry and cool; thirst great; skin with clammy sweat; pulse small, quick, soft, almost vanishing under the pressure of one's finger; voice hoarse; breathing difficult; mood apathetic.

Veratrum every 15 minutes. As I had an appointment in the country I advised his wife, in case of no amendment within a few hours, to have the Sacrament of the Dying administered to him.

On returning about five, I found my friend, whom I had all but given up, sitting up in bed, and shouting "Victory!" Vomiting and purging had ceased soon after the first dose, and he recovered in a few days.

What was this? A cholera-fragment? A rapid checking of the disease? The effect of the specific remedy?

I reply with Baglivi: "Sicuti plures morbi magni à parvâ causâ quandoque invisibili dependent; ita pariter plures magni morbi (remedio quod veluti *specificè* morbum exstinguat) *momento temporis* sanantur."—*Op. de Pr. Med.*, lib. ii, c. 10 et 11, § 4.

The fifth case. Counsellor B—, æt. 62, of weak frame, choleric, and an unwearied fag in the office, had diarrhœa four or five times a day before he took to his room. Home remedies and diet were tried in vain for some days. I found him looking very ill; tongue coated; appetite small; insipid taste; much eructation; frequent nausea; dull pain in the head; slept little and restlessly, and felt languid and relaxed. *Ipec.* and in a few days *China* decidedly did good. The diarrhœa was reduced to once or twice a day, the stools more consistent, and acquired a yellowish-brown hue. Appetite and sleep returned; patient looked better.

Unhappily, about the seventeenth day of his illness, he partook too freely of strong chocolate and pheasant; hence, at night, frequent watery stools, and next day, all symptoms of violent cholera. *Camphor* and *Veratrum*. A consultation ordered *Guaco, Nicotine,* and *Iatropha curcas*.

Considerable amendment again (query, from which of five remedies? given in too rapid succession, one might as well *mix them all together*). I was then called away for thirty hours, leaving him most hopefully, with full consciousness, regular pulse, *copious urine,* pappy stools. On my return I found him in the last struggle! No cause of this change could be discovered.

Summary of my scanty experience in this epidemic of 1854.

ÆTIOLOGY.—*I saw neglect of diet in every case.* Here and there a victim may have been blameless; yet the fatalistic doctrine regarding cholera is false and dangerous. I always earnestly enjoined a strict diet.

DIAGNOSIS.—Very easy; though it were desirable that we could at once determine, from the precursory symptoms,

whether cholerine, cholera, or typhus were developing; or whether the process would run its course as acute or chronic catarrh of stomach or intestines.

PROGNOSIS.—Just as difficult; nay, from the few cases I have recounted, one may infer that the forming of a sure prognosis is at times an utter impossibility.

TREATMENT.—I sometimes suspect that our pharmacopœia is, as yet, at a loss for a remedy which can serve as the most suitable specific for some of the worst cases. The physiological provings, which are at present at our disposal for cholera have, amongst them, only developed the cholera symptoms in a fragmentary way. Not one of them can exhibit the *totality*, an exact *similitude of effects produced on the healthy*, as demanded by the strictness of the law of cure, *i. e.* purging and vomiting of a quantity of whey or rice-water fluid; rattling and rumbling in the bowels; hoarseness proceeding to entire loss of voice; unquenchable thirst; suppression of urine; torturing cramp of the calves and toes; blue skin; icy cold of the tongue and extremities, with pulse and beating of the heart sinking. Not one of the medicines copies this picture *in toto*. *Ipec.*, *Veratrum*, *Arsen*, *Cuprum*, *Camphor*, *Carbo veg.*, *Iatropha curcas*, and others do, indeed, show a few teeth of the dragon, but not one of them his entire venomous dental system.*

In conclusion, I take leave to communicate the strange pathological share which I myself took in the epidemic.

One Sunday, December 17th, 1854, I indulged at dinner in a well larded hare. Towards evening and next day, I had frequent rumbling painful tension of the abdomen, eructation, tasting of the food, with a few lax stools; appetite not much disturbed; no signs of fever.

19th.—I had to travel into Moravia: having got to my destination at half past eleven at night, I partook of partridge

* About ten years ago I treated a case of copper poisoning with decided cholera symptoms, frequent and violent vomiting and purging, very painful and continued cramp in the calves, with hands and feet blue, unquenchable thirst, hoarseness, &c. *Only* it was a *greenish* watery fluid that was thrown up, and the stools were of *brownish* slimy matter, sometimes streaked with blood, and *in small quantity*.

and red wine. Hereupon sleep was much disturbed by gripes and frequent tenesmus.

At 6 a.m. I was no longer able to withstand the urging to stool; and, on a raw, cold, windy morning, had to go to a place that was open and draughty.

The stool was liquid, but scanty; and this was repeated towards noon.

In returning by a railway journey of some hours, I was teased by a fixed pain in the sacral region, and an almost incessant and peculiar urging to stool, caused and accompanied by wind, sending one rumble after another rapidly and violently from the sacrum towards the anus. Though this only lasted a second, and was limited to the rectum, it no sooner ceased than it began again.

At home, I at once had a scanty and apparently very watery motion; after which the rumbling and tenesmus ceased entirely for about half an hour. On returning from a visit from a cholera patient I had to go to stool again at short intervals.

Who can describe my amazement when, on closer inspection of the evacuation, I discovered a colourless thin fluid, with yellow flocculi swimming in it! I hastened to bed; and, seeing I was already in the first act of a tragedy, quickly took several doses of *Veratrum*. I soon lay in a dripping perspiration, and slept with interruptions. The urging was diminished. About 4 a.m. a scanty yellow stool, with much flatus; similar evacuations recurred next day, December 20th, five or six times.

On walking in the open air, almost incessant urging, with peculiar rumbling. I now took a few doses of *Merc. sol.*, 2nd trituration. That night very copious perspiration again. Next day, December 21st, a few more thin pappy stools. 22nd, I was well.

It was undoubtedly only a slight dysenteric diarrhœa, on which the prevailing epidemic had impressed its stamp.

Home Practice.

Eighteen patients called on me on that day. I shall speak of them in the following order:—

Obs. 1. *Tubercles of the Lung.*

If marshy districts give the practitioner opportunities for observing agues and dysenteries of all sorts and kinds, the dust- and stink-charged atmosphere of Vienna offers him plenty of material for a thorough and exhaustive study of tuberculosis. All predisposing elements and exciting causes, all aggravating and ameliorating influences are here offered to the attentive observer. He can see the disease in its slightest hints and most unnoticeable beginnings, watch it in all its deviations and shades till its last sad *denouement.* He can appreciate the difficulties that often lie in the way of a correct diagnosis. The numerous deceptions that await the most experienced in his prognosis will teach him modesty and caution.

The young doctors of to-day, who never think of making a diagnosis without stethoscope and pleximeter, without chemical tests and microscope—I have every respect for such means of diagnosis—cannot regard with too much contempt an older physician pretending to rely on his practical glance and tact. Still, it cannot be denied that the tubercular diathesis will often reveal itself to the grey-headed practitioner by apparently trivial signs and symptoms which are unobserved or passed over as unimportant by the beginner.

The hue of the complexion, the look and lustre of the eye, a peculiar expression about the lips and nose when speaking, a particular smile, the sound and strength of the voice, the manner of hawking, a slight rigor that comes on at some particular hour of the day, the position of the body, the shape of the nails and points of the fingers, may all be so many diagnostic indications to the experienced eye. These are, however, only indications, a careful examination and physical investigation must determine their pathognomonic value.

William D—, 50 years old, is one of my oldest, most regular, I might say obstinate, visitors at my consultation hour. He has been upwards of 20 years under my medical care. When he first came he had all the signs of advanced

pulmonary tuberculosis. I need not describe the course of the disease nor enumerate the medicines given.* The long duration of the disease setting all probability at defiance is in itself a pathological curiosity. The hollow, sunken cheeks; the deep set eyes; the earthy complexion; the troublesome, dry, night cough; the profuse night sweats; the greenish-grey, copious, yet difficult, expectoration that frequently causes vomiting in the morning; the short, difficult, wheezing breathing when he walks quick or goes up stairs; the weakness of the limbs; the emaciated body; all which symptoms the patient has at present, and all he brought with him 20 years ago to my first consultation.

Obs. 2. *Encysted Tumour.*

Charles H—, æt. 8, had in the sacral region a tumour about 2½ inches in circumference, roundish, flat, uneven; it had grown to this size in the course of a few months; it felt spongy, and was but little sensitive to pressure. Otherwise the boy was well.

A surgeon who had a speciality for the "painless removal" of such tumours—he pretended to have an infallible nostrum —had declared that he could not employ his remedy here, as he could not tell if the tumour were connected with the spinal chord; still less could he advise the knife.

The patient got *Calc. carb.*, 3rd trit., about ¼ grain every night.

For fully eight weeks the tumour showed no change. About the tenth week it appeared to increase in circumference, became sensitive, reddened at several points, at length burst and discharged a quantity of yellow viscid fluid and some cheesy and purulent matter. Cicatrization took place rapidly.

Although the surgeon lays claim to attack all encysted tumours with his knife, still I have treated several cases in the course of years; with one exception, under the use of *Calc. carb.*, they all took the same course as the case mentioned above.

* *Hyos.* and *Ipec.* did most good for the nocturnal cough, *Stannum* for the ther symptoms.

The exception was a vain rich lady of about 40. A tumour, which in shape and size resembled a flattened egg, was on the back, betwixt the upper angle of the scapulæ. After taking my *Calcarea* patiently for a few weeks she submitted to have her disfiguring tumour removed by one of our first-class operators. From that time, however, she did not enjoy a day's health; she became melancholy; an organic disease of the heart was rapidly developed, and, as a consequence thereof, general dropsy. The patient succumbed to her disease in less than two years after the operation.

It must, however, be mentioned that even before the operation she was not in perfect health. She had a pale complexion, slept little and interruptedly, suffered much from impaired digestion, the catamenia had for years been too scanty. In the last months—about the period of the development of the encysted tumour—she had become perceptibly better; she had more appetite, slept more quietly, and felt fresher and stronger in body and mind.

It would appear as if the general morbid derangement becomes calmed or exhausted in the production of such morbid growths. If it be prevented carrying out the abnormal process begun, be hindered in the development and maturation of the morbid growth, it will throw itself upon other organs, derange the regularity of their functions, cause alterations in their structure and form, and not unfrequently produce the worst results.

Rust, one of the greatest surgical authorities, deprecates operating for cancer, encephaloid, fistula, and encysted tumours; as also the forcible suppression of chronic skin diseases. He limits very much the sphere of action of the scalpel. He has often seen hydrothorax follow the operation for hydrocele, and exanthemata, rheumatisms, and blennorrhagias result *from the removal of warts!*

I myself have seen expulsion of tapeworm followed in one case by pulmonary tuberculosis, in another by exhaustive metrorrhagia and general dropsy.

"Every thing is not curable."

Rust, *Med. Z. v. V. f. H. in. Pr.*, No. 43.

OBS. 3. *Tuberculosis of Larynx. Laryngophthisis.*

Mr. F—, æt. 30, has had a short cough for a long time, is hoarse, and has short, difficult respiration; voice weak; talking loud costs him a great effort; he coughs and hawks continually. In bed in the morning he speaks most easily, somewhat better also after dinner; change of temperature, increased cold and wind aggravate the hoarseness; he expectorates a viscid watery phlegm; swallowing causes pain in the top of the larynx; he has but a small appetite, sleeps uneasily, and is much emaciated.

This uncommonly impatient patient visited me for about eight weeks. He got *Phos.*, *Merc.*, *Puls.*, and *Stann.* None of these medicines produced the slightest alteration for the better; on the contrary, the disease grew much worse during that time. He almost entirely lost his voice; swallowing, particularly of soup and water, was extremely difficult and painful, and often attended by retching and vomiting. His weakness and emaciation increased from week to week. Of course he left off attendance. A few months afterwards I read of his death in the papers.

The following pendant to the above case occurred in the first year of my practice in Klagenfurt. It may serve to prove that in case of even advanced laryngophthisis—in this case the characteristic signs of the third stage of the disease were well-marked—a cure is sometimes possible. The case is also interesting in an ætiological point of view.

Mary M—, æt. 19, a girl of robust make, had for several years suffered frequently from inflammation of the throat. Out of this usually slight, at all events, not dangerous throat affection, old Dr. K—, with his repeated and energetic use of leeches, calomel, and all sorts of solvent, cooling and derivative mixtures, electuaries, draughts, and syrups, in the course of time—it required a pretty long time!—developed the serious disease of the larynx which brought the patient to the verge of the grave.

Another old doctor called in consultation, naturally approved entirely of the treatment pursued. Also a third younger doctor, who was also called in, declared the treatment to be quite *secundum artem,* only he thought the lowered strength of the patient ought to be raised. The tonic and strengthening medicine ordered did no good, however. The last remedy he prescribed before he departed, after making the most dismal prognosis, was *Sulphuric æther,* three drops every three hours.

When I undertook the treatment the following was the state:

Tickling, burning, dry feeling in the larynx; tenderness of that part to the touch; voice weak and hoarse, sinking to a whisper after slight exertion in speaking, sometimes complete loss of voice for several days at a time; she speaks most distinctly in bed in the morning. During the day dry tussiculation; at night barking tiresome cough, with little expectoration of mucus; breathing oppressed when she moves rapidly, short and quick and accompanied by constriction in throat and larynx, and palpitation when going up stairs.

She looks very ill, the complexion dirty yellow, eyes deeply sunk; continual pressive pain in head; vertigo when moving; little appetite; no thirst; constipation; emaciation; feebleness of limbs. Rigor frequently occurs, especially after eating and towards evening, alternating with flying heat; the sleep is frequently disturbed, owing to the frequent fits of coughing, and sometimes owing to violent pain in the decayed teeth. Catamenia appeared two years ago for the first time, but now are very scanty and pale.

I omit a description of the course of the disease and my treatment. Amelioration soon ensued under the use of *Puls.* and *Phos. ac.* chiefly. Several months were required for the recovery, which was aided during convalescence by *China,* suitable diet, careful regimen and rest.

Obs. 4. *Acute Gastricismus.*

The day before yesterday I was sent for into the country to see Baron K—. I found him in bed. A few days ago he had had a violent fit of passion, and thought that in addition

he had got a chill and derangement of stomach. He now complains of weight and dull pain in the head, complete loss of appetite and pressure in stomach. Tongue foul, taste insipid, great thirst; heat and dryness of skin, great restlessness; constant tossing about in bed; urine red and cloudy.

He is upwards of forty years old, of robust constitution, and choleric temperament.

I prescribed *Nux vomica*, 1st dilution, a dose every three hours; limited his diet to clear soup and water, and took my leave, saying he might send for me next day if necessary. The next day passed without my hearing anything about my patient; to-day, the third day, he came himself to tell me he is quite well.

Obs. 5. *Congestion of larynx; chronic hoarseness.*

Miss K—, æt. 30, teacher, has for some years past had frequent attacks of sore throat and catarrh, which were usually followed by more or less obstinate hoarseness. This time the sore throat was slight; the catarrhal symptoms improved under the use of *Puls.*, with the expectoration of yellowish-white mucus, which could be easily hawked up; but the remedy had no effect on the hoarseness, it was much aggravated by speaking for a length of time. The voice is weak and not clear, and at the bottom of the windpipe there is a sensation of soreness.

Argentum met. had repeatedly done good in a few days in former similar attacks. This medicine, in the 3rd trit., a dose night and morning, produced this time the same good result. My patient did not indeed get a strong, quite pure voice, which was impossible, as her occupation rendered it necessary to exert the affected organ every day.

Obs. 6. *Nodus apoplecticus.*

Mr. S—, æt. 50, a good liver, short, evidently apoplectic and of choleric temperament, is a frequent visitor at my consultation hour. His complaints are always of a stereotyped character.

Vertigo, especially when walking in the open air; roaring in the ears, pressure and feeling of weight in the left side of the forehead; face bloated, shining greasily; full of humour; sparkling eyes. Left corner of the mouth and left cheek drawn somewhat obliquely downwards. The muscles of the left side of the face feel lax; he has a feeling of icy coldness there; he complains of the same feeling in the tongue; appetite good; taste of food not very good. Left arm perceptibly emaciated; the finger-joints of the left hand feel furry and numb; sense of touch perceptibly diminished. Habitual constipation.

Of the many remedies employed, only *Arnica, Nux vomica, Cocculus,* and *Carbo veg.* did any good.

As Mr. S— wished to be radically cured, he tried a great many things, both before he came to me and whilst he was my patient—me non probante, sed non prohibente—such as Gräfenberg, Gastein, Heligoland, Ostend, electro-galvanism, mineral and animal magnetism, Le Roi, decoctum Zittmanni, Roob Lafecteur, Baunscheidtism, &c. Besides these there was not a renowned doctor, I might say quack also, in the city of Vienna, whose advice he had not sought. But "(morbi) natura repugnante nil medicina proficet."—*Aur. Corn. Cels.*, lib. iii, c. 1.

Obs. 7. *Rheumatism of Teeth.*

Francis W—, æt. 40, after exposure to a draught, got tearing in teeth and cheek. The pains continued in spite of leeches, creasote, clove-oil, opium, &c., with aggravations and ameliorations for nearly a month; along with them were ptyalism and swelling, first of the cheek then of the chin; the pains did not arise from any one tooth; they were worst in the night; he could not then lie in bed, he had to walk about his room for hours. The teeth are not loose nor decayed; they are hardly painful to touch, the gums are at present not affected. The pain seems to be owing to chronic irritation of the nerve of the teeth and jaw.

The pains yielded to *Chamomilla* 1 every three hours,

and the very first night the patient enjoyed comfortable sleep.

Obs. 8. *Inflammation of Gums.*

The following case, which began in exactly the same way as the last, but instead of being abandoned to mere domestic remedies, was at once subjected to artistic treatment, shows how such a usually transient and unimportant affection may be doctored into a formidable disease.

E—, æt. 50, a master tailor, previously always healthy, after a chill was attacked by violent toothache. Some leeches were applied to the gums, and a gargle containing *Acetate of lead* and mulberry syrup aggravated the pains; the gums swelled and bled easily; at the same time a fœtid odour came from the mouth. A purgative draught—the Vienna mixture, with cream of tartar, cherry laurel water, and grass-root, taken in doses of a couple of table-spoonfuls every hour for some days, did what it was expected to do in sufficient degree, but deranges the patient's stomach; he gets eructations, nausea, and is much weakened by the great purgation.

Another physician is called in; but the patient gets out of the frying-pan into the fire. The second imagines he will force a cure by means of *Decoction of Bark* and *Haller's Acid.* The long-suffering patient takes three table-spoonfuls of this mixture every hour for a fortnight, and uses at the same time a gargle of *Infus. Rutæ* and *Cochleariæ.*

Thus, under the direction of these two doctors, four weeks of suffering are passed. The gums remain as they were; the three or four quarts of *Decoction of Bark* have produced greater weakness and complete loss of appetite; and, in addition, a febrile state, attacks of rigor, heat, and sweat.

The patient now applied to me.

I found the gums brownish red, hot, swollen, receding from the teeth, the latter very tender; the tongue foul; great ptyalism: the saliva sweetish and astringent; a very fœtid odour from the mouth.

Merc. sol. Hahn., 2 trit., a dose four times a day, produced visible amendment in five or six days; the febrile state went

off; appetite returned; the patient felt stronger. The gums recovered their normal condition after a fortnight's use of the same remedy night and morning.

Symptom-covering may be called unscientific and irrational; may be derided and contemned; the subjective symptoms may be pronounced of little or no value, and yet clinical triumphs may be achieved, *e.g.*, in croup, typhus, pneumonia, and chancre; but the physician who would successfully treat toothache will soon find that he will attain his end best by scrupulous attention to both objective and *subjective* symptoms. He will not do much here with "inflammation of the tooth pulp, of the covering of the root of the teeth;" with "nervous, rheumatic, and gouty character, congestion;" with "hypertrophy, exostosis of ends of the teeth," and such general conceptions. As a rule, it is the conditions (motion, rest, period of the day, eating, drinking, speaking, position in bed, and the like) under which the symptoms arise, are ameliorated or aggravated, that determine the choice of the remedy; indeed, this is often determined by some single, slight, or apparently indifferent symptom.

"But how does this agree with the circumstance that there are some homœopathic practitioners who boast of having a specific for all sorts of toothache? One pretends that he cures all with *Pulsatilla;* another with *Mercurius;* a third with *Sulphur;* a fourth with *Phosphorus.*"

This riddle is not hard to answer. To me it seems probable that such erring sheep of Hahnemann's fold have a very limited practice in dentistry, and that their assertion is grounded on a deduction similar to that which Tristram Shandy makes his philosophical traveller draw, who, when the north wind blows off his hat on the bridge of Avignon, enters in his note book, "In Avignon the north wind always prevails."

Obs. 9. *Herpes preputialis* (Schönlein).
Eczema preputii (Hebra).

A young married man, Anthony —, the model of a faithful husband, to his great astonishment was seized with violent

itching and burning in the foreskin; it grew red and swelled; in some parts small vesicles appeared, which, when scratched, formed, in some places, thin brownish scabs; in others, exuding excoriations. Some time previously the patient had had a peculiar sensation of cold on the glans and prepuce, and had certainly only had connexion with his perfectly healthy wife.

Under the use of *Nitric acid* 1, a dose night and morning, the scabs fell off in three days, and the excoriated spots healed up after forming small scales.

Schönlein (*Sp. Th.*, B. iii, p. 33) says that the confounding of such preputial herpes with chancre has given rise to the alleged cure of supposed syphilitic ulcers without mercury. We shall say nothing as to the correctness of this remark, which is founded on a belief in the specificity of one medicine in a whole family of diseases. But is it not more probable to suppose that the common mistake of considering every eruption on the genitals as of a syphilitic nature is owing to the frequently difficult diagnosis of chancre, to the great similarity of the herpetic and syphilitic preputial ulcer, and also to the circumstance that whenever such an ulcer has been overdosed with mercury its distinction from real chancre becomes almost impossible—a *quid pro quo* easily occurs, as a consequence of which much harm is done by the hydrargyromaniacs of the contrary school?

The following case proves that the difficulties in the way of a sure diagnosis by such affections may often be insuperable.

Mr. L—, who, in former years, had suffered from deafness, rheumatism, and herpetic eruptions, and also occasional gonorrhœas, consulted me on account of an ulcer on his foreskin. At present he is about thirty years old, of stout build, and sanguine temperament.

The prepuce, naturally long, was much swelled, could not be retracted behind the glans, sensitive to pressure, covered with dry scabs at its edge, betwixt which there were severa deep chaps; the ulcers were superficial, their borders flat, their surface secreted a thin whitish-yellow matter. About

eight weeks previously the patient had had sexual connexion, but until five or six days ago had observed nothing morbid on his genitals.

To what kind of eruptive disease was this formation of scabs and ulcers originally owing? (The inner surface of the prepuce would probably have given the best answer to this query had it been open to inspection during the first days.) Was it papular or vesicular? Lupus exulcerans? Eczema impetiginosum? or a pustular formation? Impetigo psydrazion? or was it of syphilitic nature? Impetigo, acne syphilitica?

Treatment.—Under *Nitric acid* and *Sulphur* for eight days things remained as before. *Merc. viv.* and *Merc. corr.* (3rd dil.) caused manifest aggravation. Under *Hepar* and *Thuja* obvious amelioration ensued; they were continued for a long time. A complete cure was effected in the eleventh week by employment of *Rhus tox.*

Though I hold it to be very possible that the first case of preputial disease might have gone off in a short time by itself; and though I may allow that the second case might have got well in eleven weeks without medicine, yet I am firmly convinced that an energetic mercurial treatment would have done great harm to both patients.

Obs. 10. *Heartburn (Asthma?)*

P—, master tailor, æt. 65, has for a month been troubled every day about an hour after dinner with a tiresome burning pain along the œsophagus, which lasts four or five hours. He also complains of sore throat—the uvula is very red and elongated—flatulence and dyspnœa on going up stairs, moving quickly, &c. At night he suddenly wakens with a feeling of suffocation; he must often sit up in bed for hours before he can breathe completely. Sleep and appetite otherwise good; bowels regular.

Diuretic remedies were employed without effect; even the much vaunted "stomachic" of Professor S.—*centuary*—was of no use.

Aconite given for a week was of no avail, it did not even

affect the uvula; but under *Arsenic* 3, a dose three times a day, a rapid and permanent improvement took place, not only of the heartburn but also of the asthmatic affection.

I am almost inclined to believe that in this case the asthma was the primary and the heartburn the secondary affection, and that the disease should be headed "asthma."

Obs. 11. *Prosopalgia Fothergillii.*

Mrs. M—, a delicate, much reduced woman of 60, had had violent faceache for a week, after exposure to a draught. The pain is tearing, shooting, burning; it begins in one point of the upper orbital ridge, and thence radiates over the left side of face and left cheek. It comes on in fits, worst in the morning, declines towards noon, and ceases entirely in the evening and during the night. Light and noise aggravate. Sleep good; appetite small.

On taking *Belladonna* 1 every three hours, the fits were slighter the next morning; on continuing the medicine the pain became slighter and slighter every day, and after the sixth day ceased entirely.

Obs. 12. *Eczema Perinæi et Scroti.*

Mr. James —, about 40, has for twelve years had an eruption on the perinæum and scrotum, consisting partly of large, discoloured, exuding spots, partly of small pustules and pimples, which dry up and fall off in bran-like scales, itch violently and make him scratch. He perspires, he says, in the same parts a great deal, especially when he first gets into bed and throughout the night (no doubt he takes the characteristic exudation from the eczema for sweat). Sleep on account of the intense itching is much disturbed, most so before midnight. For weeks and even months the eruption would get much better, so that the itching and exudation almost completely ceased, but they always returned with their former intensity. He has for some years also suffered from periodical hæmorrhoidal bleeding, and frequently from

headache; appetite good, but tongue very foul. When young he had several gonorrhœas and chancres.

Treatment.—A few drops of *Spirit. Sulph.* every night at bedtime on a bit of sugar. As no improvement followed from taking this for several days, I made him leave off the medicine for ten days, hoping for amelioration, but none occurred. *Petroleum* and *Arnica* taken for ten days longer did no good. I now returned to *Sulphur.* In the course of a fortnight the itching and exudation ceased, the dry scales fell off, the eruption seemed to be cured, and medicine was discontinued.

A week scarcely elapsed after the eruption was cured when he was seized with an attack of acute articular rheumatism, which confined him to bed for five weeks.

The question now arises—Was it the *Sulphur* which removed the eruption? Or did the eruption disappear because the rheumatism was brewing in his system? Or was the rheumatic fever an effect of the suppression of the eruption by the *Sulphur?* Or were the eczema, the periodical hæmorrhoidal affection and the headaches merely rheumatic symptoms which disappeared on the occurrence of the rheumatic fever? Or, finally, did the *Sulphur* act so favorably and powerfully on the system, that it was thereby enabled to throw off the symptoms along with the disease on which they depended?

The eruption did not return after the rheumatic attack. The last time I saw my patient was five years later, when he continued to enjoy uninterrupted good health.

If we must admit the possibility, indeed the probability that, if even rarely, after chronic exanthemata, old ulcers of the legs, encysted tumours and the like, even though their cure was effected by internal remedies only, other, generally dangerous, maladies may arise, then it is an incontrovertible fact that the exclusively external treatment, the suppression and forcible driving off of skin diseases has frequently, we may say *generally,* evil effects. Big books have been filled with therapeutic sins of this kind (see Fick, Junker, Autenrieth, Wenzel), and even in the present day we find

similar unfortunate cases recorded every day in our opponents' as well as our own journals.

Should, however, any one imagine that no cautious and conscientious practitioner would shut his eyes to the facts* testified to thousands of times by their most learned and illustrious colleagues, or could despise their warnings; should any one believe that it is only some rash and ignorant village surgeon who, occasionally in his ignorance, prepares a patient with a skin disease for the sexton, he would commit an egregious error. Is it not the equally learned and illustrious doctors, who apparently have consciences, and highly-esteemed university professors, who recommend to the rising generation of young doctors as a perfectly innocent and scientific practice their anti-exanthematic poison treatment, the daily weapons of which are *Arsenic, Iodine, Corrosive sublimate, Lunar caustic, Caustic potash,* and such like? Or is it possible that these gentlemen only know of the transient, though often surprising results of their treatment, and never hear anything about the subsequent bad effects which often do not develop themselves for years?

I pass over the thirteenth observation, a case of menostasia, as also the fourteenth, one of eczema faciei. The first

* "After suppressed amorpha vulgaris, asthma spasmodicum is often developed." (Schönlein, *Sp. Th.*, B. 3, p. 14.)

"Suppressed amorpha lactantium is followed by violent colics, difficulty of breathing, dysuria, eclampsia, &c." (Ibid., p. 15.)

"Pityriasis senilis when treated incautiously with drying-up remedies is apt to be followed by asthma, hydrothorax, hydrops cerebri, and pityriasis infantilis by hydrocephalus acutus." (Ibid., p. 20.)

"If acne solaris and rosacea are rapidly driven away, secondary diseases, *e.g.* pleurisy, often occur." (Ibid., p. 27.)

"Herpes circinnatus driven off the skin disposes to encephaloid tumours." (Ibid., p. 32.)

"After suppressed tinea micans, hydrocephalus acutus, eclampsia and epilepsy often ensue. The same affections are observed to recur after sudden drying up of tinea favosa and crusta serpiginosa, by preparations of zinc or lead. Mercurial ointments in such cases often cause violent ptyalism, sometimes even death." (Ibid., pp. 38, 41, 45.)

"If prurigo scabida be driven off, asthma, and sometimes apoplexy ensue or dropsy is caused (generally hydrothorax or hydrocephalus chronicus"). (Ibid., p. 44.)

occurred in a woman about thirty years old, who had in former years suffered from chronic cough and hæmoptysis, and whose menses had since then been too scanty, and occasionally quite suppressed. She got *Pulsatilla,* but did not reappear at my consultation.

The subject of the second malady was a full-blooded boy of one year and a half. He had an eczematous eruption over both cheeks and the forehead, which was treated with *Viola tricolor, Sulphur, Rhus, Arsenicum,* and was cured in the sixth week—a result that would probably have taken place without medicine.

Instead of them I make free to relate the case of a chronic eruption which I had an opportunity of observing in the Vienna Hospital. It forms an appropriate commentary to Schönlein's observations given above in a note.

Tinea capitis favosa.

On the 3rd July, 182–, a girl, æt. 12, was brought to the Vienna Hospital. She had some scabs about a line in thickness at the top of the head and temples, those on the temples stood separate, but those on the top of the head had run together and formed an unbroken surface of about the size of a crown-piece.

The girl was very backward in her growth, of weak highly scrofulous constitution.

The prognosis was unhesitatingly marked "favorable."

Treatment.—Decoctum graminis and *Roob Sambuci;* softening poultices to the head, a general warm bath, marshmallow tea. Three days afterwards *Antimonium crudum,* half a grain every three hours, was added.

This treatment was carried on for a fortnight. Diminished appetite, eructations, flatulence; for this *Infusum Rhei,* half a teacupful every two hours; as this was unavailing, *Infusum Dulcamaræ.* Liquid stool—tincture of opium—but without leaving off the *Dulcamara.**

* "How can the doctor, who only knows the effects of medicines from what ordinary works in Materia Medica tell him, distinguish the effects of his drugs from the symptoms of the disease?" (Jörg, *Wünsche f. d. Verv. d. Arzneiwissenschaft,* Leipzig, 1838, p. 25.)

I would ask "If this patient, instead of lying constantly in bed in the deleterious atmosphere of a hospital, had had moderate exercise in the open fresh air, if instead of the functions of her digestive organs being deranged by appetite-destroying drugs, and if instead of the debilitating warm drinks she had got fresh water, milk, beer, broth, and roast meat, her scrofulous constitution would not have benefited?"

Until this time, 23rd March, the report always was "convalescere pergit."

The eruption gradually healed up, but the girl began to cough, complained of flushes of heat, pressure in the chest, oppressed breathing; the pulse was much quickened. Repeated mustard plasters to the head scarcely caused redness of the skin; for the cough *Hyoscyamus* and *Nitre* were given.

The development of the pulmonary complaint went on rapidly and uninterruptedly. Rubbing in of tartar emetic ointment on the nape, *Digitalis, Laurocerasus, Opium, Quinine,* selters water, &c., besides syrups of all sorts, were administered in succession, while the patient always got worse. She died after a hard death struggle for several days on the 30th May.

The professor had no hesitation in ascribing the cause of the disease to the cure of the eruption on the scalp; it may be said, a metastasis of the tinea to the lungs.

Obs. 15. *Chronic Bronchial Catarrh.*

Mary D—, æt. 19, had got a sudden chill when much heated in the dance, which caused a cessation of the menses which were present. Since then—about five months—she has been ill. According to her mother she first lost her appetite, complained of weariness of the limbs, and began to cough; no trace of the menses was observed at the next period. Gradually there came on a regular cough, which troubled her most morning and evening, and was attended by white frothy expectoration and pain in the chest. During the forenoon she usually had rigor and formication over the back, with heat of head and face; she lost flesh much and became very weak. Going upstairs, walking quickly, even

loud speaking caused attacks of coughing and palpitation. She is always sleepy, takes interest in nothing, weeps much and despairs of her recovery. In place of the menses she has often attacks of colic-like pains in the abdomen.

The village surgeon's art had long been exercised in vain against this malady.

Treatment.—Pulsatilla 1, a dose night and morning.

The result was surprisingly favorable. In a few days she had some appetite; the cough had moderated, and the febrile symptoms had diminished. A fortnight later she only complained of pressure in the stomach, great weakness of limbs and sleepiness. She now got every third day a dose of *China* 1. A few months after this the patient came to me herself. Whilst taking the last-named medicine the menses had again come on and she had long felt quite well.

Obs. 16. *Itch. Scabies.*

A rare visitor at my consulting hour! John —, formerly a perfectly healthy, lively boy of nine, had three weeks ago been infected with the itch. Some inunctions with mercurial ointment had produced no good result. The eruption has, at present, the following appearance: small, semi-transparent vesicles, with a narrow, pale red areola; pustules filled with matter, and thin brownish scabs are mixed up together, most numerous betwixt the fingers and at the bend of the wrist, less numerous at the bend of the elbow and knee. The itching is especially intolerable at night in the heat of the bed.

I prescribed a solution of 10 grs. of *Hepar Sulph.* in 2 oz. distilled water, three or four drops to be taken every night, and the affected parts to be moistened with it. Under the use of this remedy the eruption disappeared completely in a week.

Before doctors became aware that in this disease their sole aim should be directed towards killing the sarcoptes hominis, the itch had given rise to much controversy. What trouble has been taken to find a sure specific remedy for it!

Hippocrates fancied he had got it in *Veratrum*, Avicenna in *Mercury*; from Celsus to Ettmüller *Sulphur* has been most generally regarded as the specific, which, however, did not prevent a number of other itch-specifics being discovered and recommended, such as—*Conium maculatum*, *Clematis recta* (Störk), *Staphisagria*, *Black truffles*, *Chelidonium*, *Lavender*, *Arsenic*, *Caustic potash*, *Corrosive sublimate*, *Sulphate of zinc* (Harless), *Tar*, *Charcoal*, *Manganese*, *Chloride of lime*, *Kreasote*.

All these remedies were exclusively used in the form of salves, washes, or tinctures. But when we consider the result aimed at, we might wonder that it was not effected without salves, washes, or tinctures, by merely pressing or rubbing to death the minute and tender insect. And, indeed, Dr. Schubert (*Cntrlz.*, 1831, No. 3) tells us that he has cured this tiresome disease by rubbing and scratching alone, not only at the commencement but also when it was perfectly developed.

But how does this agree with the doctrine of Jahn and Schönlein, that itch never gets well by itself? Patients affected with itch rub and scratch themselves enough. How can we account for the frequent relapses and the sad effects* often observed after violent sulphur ointment and sweating treatment? And how could Bluff go so far as to assert (*Reform der Heilkunde*, Bd. I, p. 173) *that cases of really cured itch were as rare as radically cured syphilis?*

The itch theory of those days is not so very old. From forty to fifty years ago the generatio æquivoca was in great repute. Now-a-days it is quite obsolete. Very well! let us by all means abjure the faith of our fathers, although the method adopted to prove his opinion by Pasteur, the latest partisan of the dissemination theory, seems to us rather

* "Of late years the opinion that itch is a mere local malady, and that to destroy is to cure it, has become pretty general. Unfortunately experience does not bear out these views. Driving away the itch, especially among young persons about the age of puberty and in youth, and in cases of *spontaneously* developed itch, is dangerous. Among after diseases resulting therefrom we may mention vertigo, rheumatism, amaurosis, paralysis, epilepsy, chlorosis, mania, arthritis, pulmonary phthisis." (Schönlein, *Sp. Th.*, Bd. 3, p. 47).

strange. A wants to prove that B cannot swim. So after he has bound and tied up B and laid him on the sand, he cries out triumphantly, "Look! he can't swim!" This is just what Pasteur does. He gives himself unspeakable trouble in his counter-experiments to eliminate every possible condition of success, and as the result is nil, he holds his opponent to be crushed and annihilated.

A geological consideration suggests itself to us. A hundred thousand years ago the laws of nature were very probably the same as they are to-day. Geological investigations have shown that the world before it assumed its present shape had undergone many revolutions. The animal and vegetable life that sprang up anew after each of these revolutions shows the palæontologist thousands of new forms and species that had never existed in earlier periods of the world. How can their occurrence be accounted for if there be no such thing as a generatio spontanea?

As regards the sarcoptes hominis, it were very desirable that we possessed a complete natural history of it, more particularly an explanation of the generation and propagation of the insect, as also of the mode in which infection takes place:—"The acarus remains attached to the scratching nail, and is by it conveyed to another person or to another part of the patient's body—and thus infection takes place," says Hebra. The acarus seems to be an uncommonly tenderly organized creature. Would not the nail destroy its life? Does the dead insect cause infection? If "yes," how and with what? How does the living animal get under the skin? does it bore right under it? and if so, what with? or does it lay its eggs in it? No one readily shakes hands with an itchy person, and if he does so, how does it happen that the acarus comes betwixt the fingers and on the wrist?

Hahnemann's disciples have given themselves great trouble to cure itch by the exclusive use of internal remedies. The ordinary fresh vesicles resembling itch vesicles, the size of poppy seeds, filled with transparent lymph, standing discreetly betwixt the fingers, and on the inside of the wrist, itching violently, especially in bed—I have occasionally seen dis-

appear in a few days, after a few doses of *Sulphur*, but I have also seen them go off just as quickly by rubbing in salt, and washing diligently with soap or salt water. The patients in whom I made these observations had all come in contact with persons infected with itch. I have never seen a fully developed case of itch cured by internal remedies alone under six or eight weeks, a period of time which would easily exhaust the patience of the most long-suffering, especially when he knows that he may be cured of his plague in two or three days.

That the simultaneous external and internal employment of a remedy in diseases in general, and in cutaneous diseases in particular, is no departure from the principle of similarity must be admitted by the strictest Hahnemannist. In this practice Hahnemann himself has shown the example in the case of *Arnica*, *Thuja*, *Cannabis*, and *Euphrasia*. With respect to skin diseases we should remember that they are attacked much more energetically by medicines applied to their actual seat, than to the intestinal canal, seeing the skin lives a life, in certain respects, independent of the bowel, and that sulphur baths, sulphur, iodine, and mercurial ointments, arsenic washes, &c., remove skin diseases more quickly and certainly only because they can produce them more quickly and certainly in the healthy body.

That this cautious and moderate external employment of a medicine simultaneously with its internal use will ever have bad effects is not to be feared. Though I am far from saying anything in commendation of the modern cutaneous practice of our opponents, yet I think it highly probable that it is not simply the fact of their employing medicines externally that is chiefly to blame for the long and large list of endermic sins, but that these are chiefly due to the fact that the drugs used had frequently no specific relation to the skin disease present, and developed their positive (pathogenetic, injurious) effects, while forcibly upsetting the process of healing, and compelling the abnormal process which had long expended itself on the pseudo-organism, if I may so express myself, to fix itself on other generally more important (internal) organs and systems, and thus develop serious and dangerous diseases.

Obs. 17. *Megrim.*

Anna M—, æt. 30, single, has for a year and a quarter suffered from megrim attacks. The day the fit comes on, when she wakes in the morning, she feels as if something were sticking fast to her left temple; this sensation increases in the course of the forenoon, to a very acute aching pain, which extends up to the crown of the head. About noon she becomes sick; her mouth fills with water; her head becomes giddy; she must go and lie down. Lastly, towards 7 or 8 p.m., but sometimes not before midnight, she has six or eight violent and painful fits of vomiting, when she brings up mucus and water. Thereupon the headache diminishes; the patient passes the remainder of the night in restless, frequently broken slumber. The next day she is very weak, and knocked up, and very cross; the head is still heavy; appetite small. The next night she sleeps quietly. The third day she feels well, and remains so a fortnight, or, at most, three weeks; and then the scene described is repeated.

Under the use of *Nux vomica* 1, and *Sepia* 6, a dose every three or four days, in the course of the following nine weeks, she had only a few slighter attacks; after that they did not return, and the patient continues to enjoy perfect health.

Megrim belongs to those diseases which the wit of the ancients dubbed *crux medicorum*. Our opponents are in the habit of declaring their impotence to cure this painful and obstructive malady, when once they have satisfied themselves that *Morphine, Cherry-laurel, Chloroform, Atropine, Coniin,* and other such drugs, not only do no good, but render the next attacks more frequent and more painful.

If I may judge from my own moderate success of the possible and probable success of my colleagues, then I imagine that we have no great cause for exultation in regard to the triumphs we have achieved in this disease; and yet even here, physiological medicine, in spite of her youth, is much more successful than her old and venerable sister. Megrims that were not of very long standing I have cured

perfectly in many instances; I have seldom succeeded in effecting a cure in cases of very long standing; still, even in such cases, the treatment was not generally without effect, as the attacks were frequently warded off for four, six, or eight months at a time.

Seeing the infinite perfectibility of the physiological materia medica, it may be expected that continued new provings of drugs may gradually give us greater power over the dreaded torment. In this I share Sydenham's opinion.

"Specific medicines, in the restricted sense of the word, are by no means of everyday occurrence. They do not fall to every man's lot. Nevertheless, I have no doubt, but that out of the abundant plenitude of provision for the preservation of all things wherewith nature burgeons and overflows (and that, under the command of the Great and Most Excellent Creator), provision also has been made for the cure of the more serious diseases which afflict humanity, and that near at hand, and in every country." (Sydenham's *Works* [Syd. Soc. Ed.], preface to vol. i, p. 22.)

The nihilists among our antagonists of course regard such a conviction as ridiculous and silly!

Obs. 18. *Syphilitic sore throat.*

The following case shows the commonest mode in which the old school relieves a patient from a simple, innocuous, primary chancre, and makes him a present of secondary syphilis, with its Pandora-boxful of most disastrous consequences.

The process of metamorphosis is quite simple.

Mr. M—, æt. 46, contracted about eight months ago a small ulcer on the glans, bearing all the signs of a true chancre. As he was a married man, he, of course, denied that he had indulged in an impure connexion. The ulcer was repeatedly touched with caustic, and lint soaked in a solution of corrosive sublimate was applied to it. In the course of seven or eight days, a dirty-brown cicatrix was formed on the seat of the chancre. He was pronounced cured and medical treatment discontinued.

Four weeks had scarcely elapsed when the throat began to be painful on swallowing—the patient thought he had taken cold; an increased secretion of saliva came on, accompanied by a peculiar taste in the mouth; small round ulcers appeared on the palate and tonsils, and likewise on the glans.

The syphilitic specialist ordered gargles and *Decoction of sarsaparilla;* the newly-developed chancres on the penis were once more burnt with caustic, and mistreated with corrosive sublimate, whereupon they disappeared in a few days; still the throat grew rapidly worse in spite of the diligent use of the gargle prescribed.

The patient now sought my aid.

I found the tonsils much swollen; the arch of the fauces swollen; both were affected here and there with roundish ulcers, the size of half a nail, whose lardaceous cream-like surface was somewhat depressed; the uvula thickened and elongated; the gums spongy, bleeding easily; the colour of the hard palate, as also of the soft palate and uvula is a dirty reddish-brown; swallowing is painful; great collection of saliva; taste metallic.

Nothing abnormal on the penis, besides a few small discoloured cicatrices.

Treatment.—If to any disease, so especially to chancre, Celsus's maxim is applicable: "Multum interest, ab initio quis recte curatus sit an perperam." Whenever such a victim of frivolity or ignorance seeks my advice, I feel an inclination to give utterance to the inhuman wish—"Qui fait la faute, la boit."

In this comparatively slight case, the treatment was very tedious; it lasted nearly three months. The patient took first, for some weeks, *Merc. sol.*, 2 or 3 trit., a dose night and morning. Some small ulcers, the size of peas, that appeared on the glans, about the end of the third week, I did not interfere with; they healed up in six or eight days; reappeared some time afterwards, and healed up as readily. What persisted most obstinately, till the tenth week, was the swelling of the arch of the fauces and tonsils, and their reddish-brown colour, as a consequence of which, swallowing,

especially of solids, was somewhat difficult. It was only under the use of *Merc. præcip. rub.*, 2 trit., a dose night and morning, that in the course of eight to ten days a normal colour and appearance of these parts occurred, and along with that perfect and permanent health.

(*To be continued.*)

ON PÆONIA OFFICINALIS IN ULCERS.

By Dr. Ozanam.[1]

Everybody is familiar with the peony, that large and beautiful flower, with its bright colour, its arborescent stem, of the family of Ranunculaceæ, the ornament of our gardens. In ancient times some use had been made of this plant in the treatment of epilepsy and eclampsia of infants. This treatment has been abandoned in modern times, but wrongly, for we read in the German journals, that a young soldier could not smell a peony without experiencing syncope and cold sweat, showing the homœopathicity of the remedy.

The natural method of studying medicines bequeathed to us by Hahnemann, enabled us to advance a step further. The observations of Hartlaub and Trinks relative to this drug have thrown some light upon its action. Still, up till now, the pathogenesy of peony has been very meagre; it scarcely fills a page of the fourth edition of *Jahr's Manual*, and has been altogether omitted from the last edition, and yet it is hardly doubtful that the future will reveal to us a store of new and precious qualities among the physiological effects of this little known plant. The little we know has already furnished me with admirable results in the treatment of *different sorts of chronic ulcers*, and in particular of *those seated on parts of the body below the umbilicus.*

The following observations made by me during some years past, will show the importance of this medicine:

[1] A paper read at the Homœopathic Congress of 1867, in Paris, from the *Bulletin de la Soc. Med. Hom. de France*, vol. viii, No. 7.

Obs. 1. *Infundibiliform ulcer of the coccyx of six months' duration, cured by Pæonia* 3.

In August, 1859, I was sent for to the Little Seminary of Paris to see a laundress of the establishment. This woman, æt. about 50, otherwise healthy, never having had any signs of phthisis, fissure in the anus, or fistula, had six months previously a small abscess just below the coccyx. This abscess never grew larger than a hazel-nut; it soon opened, but the wound in place of healing up remained open. The bottom of the abscess did not fill up, only the surrounding border contracted a little, and there remained a funnel-shaped ulcer, about one centimeter deep, by the same in circumference. The bottom and the walls were of a bright red colour, and a puruleut secretion constantly exuded. Careful examination with the probe led to the discovery of no fistula of any kind; the wound extended as far as the eye could reach, no farther. However all the means employed for six months had failed to cure a disease of such apparent insignificance; but so troublesome by reason of its position, which rendered a sitting posture so painful. Compression, cauterisation with *Nitrate of Silver* and *Tincture of Iodine*, and many other remedies were tried in vain.

Whilst reflecting on the singular position and form of this ulcer, I all at once bethought me of the distinctive character of *Pæonia*, as given in the fourth edition of *Jahr's Manual*: "Exuding and fetid ulcer, near the anus, towards the perinæum." In view of this striking similarity I could not hesitate. The indication was precise. I gave *Pæonia* 3, three times a day, both internally and as a lotion, and in eight days cicatrisation was complete. It was a curious circumstance that the cure did not take place by the filling up of the ulcer from the bottom, but by the contraction of the circumference, so that in the last days of its existence, when the ulcer was reduced to the size of a pin's head, it continued to be of the same depth as at first. Seven years have elapsed since then, and the cure has continued perfect.

Obs. 2. *Ulcer of the great toe, of five months' duration, cured by Pæonia* 3.

On the 25th March, 1861, I was consulted by a young officer of the African army, æt. 28, who, having had his left great toe injured by ill-fitting boots, was troubled with an obstinate ulcer on that part. After six weeks of rest and medical treatment, he remained uncured, and could not perform his military duties, so he obtained sick leave, and returned to France. During four months he had been in Paris, and had been subjected to various modes of treatment without any good.

The ulcer was situated on the external surface of the left great toe, about the level of the articulation of the first phalanx with the metatarsal bone; it was a centimeter in diameter; its edges were perpendicular; its base greyish, flat, and exuding. He had no antecedent syphilitic complication.

Though the seat of this ulcer was different from the preceding case, being curious to ascertain if the property I had observed in *Pæonia* was more general than that single observation implied, I gave *Pæonia* 3, *intus et extra,* and three days afterwards the young officer came and showed me a beautiful cicatrix, newly-formed, on the seat of the ulcer. The remedy was continued for a week longer, and the cure continued perfect.

Obs. 3. *Ulcer on the back of the foot, cured by Pæonia* 3.

A young engineer on the Northern Railway, æt. 22, came to consult me in October, 1864, for an ulcer on the right instep. The cause of the sore, as in the preceding case, was a tight boot, which had given rise to a blister, beneath which the skin had ulcerated. But though the boot had been at once laid aside, and though the patient had kept his room, with his foot on a rest, the ulcer still continued six weeks

later, and showed no tendency to heal. Its external appearance was very different from the preceding cases. It was three centimeters long by two broad; its edges were perpendicular, and very irregularly indented. But its soft and fungoid surface, in place of secreting yellow laudable pus, was covered with a brick-red sanies, mingled with violet and black streaks, the result of an admixture of venous blood with the suppuration. There were no complications present; neither syphilis nor varicose veins. As in the preceding cases, I gave *Pæonia* 3 internally and externally, and the cure soon took place. It was not so rapid, however, for it required ten days; but the fact is, that the patient had been obliged to resume his occupation, was unable to rest, and had to walk almost as much as usual.

Obs. 4. *Ulcer of the anterior surface of the tibia, of six months' duration, cured by Pæonia* 3, 2, 1, ϕ.

A lady's-maid, æt. 27, consulted me in August, 1865, for an ulcer situated on the edge of the right tibia, caused by a violent blow she had received six months previously. Seated on a part where the skin is always tense and the soft parts deficient, the wound would not close, and the best dressings had remained totally unavailing. I advised the employment of *Pæonia* internally, and as a lotion. The amendment was immediate, but it seemed to stand still at the end of a week; I fancied this pause was not owing to the unsuitableness of the medicine, but to the difficulty the edges of the wound had in approaching each other over such a resisting surface as the tibia; indeed, we know that large ulcers in this spot are often so obstinate that it is necessary to make semi-lunar incisions on each side of them, in order that the separation of the soft parts may permit the edges of the ulcer to meet across the bone.

I continued to use *Pæonia*, going successively from 3 to 2, to 1 and to the mother tincture, and at the end of a month the cicatrization was complete, though I employed no bandages nor any appliances for bringing together the edges

Obs. 5. *Chronic ulcer of the right leg of ten years' standing, cured by Pæonia* 3.

In April, 1866, a poor old man who had already lost an eye was sent to me to see if I could do anything for an obstinate ulcer he had had for many years on his right leg, lower third. He had been troubled for more than ten years with this leg. The ulcer was of serpiginous character, crept slowly on, destroying a vast extent of skin; a portion of this skin cicatrized, and became covered with a thin, violet, shining pellicle, whilst the ulcer continued to spread farther. When I first examined it, it was not more than four centim. in diameter. So many treatments had been employed without success, that the patient was discouraged and would not any longer employ the everlasting strips of diachylon plaster and the compresses of aromatic wine recommended to him; he would not listen to the employment of lead plasters, or lying in bed several months.

I advised him to use *Pæonia,* commencing with the 3rd dil. and going gradually to the mother tincture. Every morning and evening he smeared the wound with a mixture of this medicine with glycerine, and I had the pleasure, in two months, to see this obstinate and painful ulcer cicatrize; it used to be the seat of such severe shooting pains, that walking by day and resting at night were much hindered; it is now ten months since the cure was effected and he has had no return of the disease.

Obs. 6. *Hæmorrhoids, with very painful fissures in the anus, cured by Pæonia* 3.

Count de X—, of nervous and irritable temperament, had been affected for three weeks with piles, not large, but complicated with two fissures in the anus. They are in the middle of the folds of mucous membrane swollen by the inflamed piles, and they are so painful that the patient groans all day long with them. But it is especially when he goes

to stool and for about half an hour afterwards that the pains are intolerable. It is a sort of neuralgia, something like toothache. The patient had used *Belladonna* in homœopathic and allopathic doses, *Laudanum, Chloroform, Ung. populeum,* as also a number of other ointments applied to the anus.

He was about to put himself in the hands of a surgeon in order to undergo the painful operation of lacerating the sphincter by dilatation, when it occurred to me to try *Pæonia.*

I employed it externally only, five drops of the 3rd dil. mixed with a bowl of water, with which he bathed the parts every two hours. I gave at the same time on alternate days, *Sulphur* 30 and *Nux vom.* 12, to remove the hæmorrhoidal diseases. I had occasion to congratulate myself on this, for the second day the pains commenced to diminish; the fifth day they had completely disappeared; cicatrization was complete, and yet the piles remained more or less swollen for a fortnight afterwards.

Thus, though I was obliged to give several remedies simultaneously in order to meet the complex indications, I have no hesitation in ascribing the immediate amelioration and the cicatrization of the painful fissures to the *Pæonia,* because the action of the other remedies specially indicated for the hæmorrhoidal swelling required more than two weeks to effect a cure.

Obs. 7. *Ulceration of the seat from decubitus, cured by Pæonia* 3.

Mademoiselle Maugé, æt. 84, residing 83, Rue du Cherche Midi, had been affected for nine months with osteo-sarcoma of the left femur. The tumour having attained the size of an adult's head, rapidly brought on a cachectic state, which would only be terminated by death. Completely bedridden, this patient became affected with ulceration of the seat, in spite of the rice and starch powder and the collodion applications. I had the wound, which was about an inch in diameter, bathed night and morning with the 3rd dil. of *Pæonia,* and

did not give it internally in order not to interfere with the internal treatment the patient was going on with. Cicatrization soon took place, and at the end of ten days it was complete. The patient lived two months longer, and died without having been troubled by any recurrence of this painful complication.

In several other analogous circumstances the same remedy has succeeded in warding off the sacral sores, and in restoring the vitality of the skin which had been destroyed by pressure.

Thus *Pæonia* succeeds in curing the most diverse sorts of ulcers. Yet I must confess that as yet I have only tried it in ulcers of the lower parts of the body and of the seat, in ulcers of small extent, generally sensitive and painful, and that I have used it in the three first dilutions and in the mother tincture. Further observations are necessary to complete their first indications, and to show if *Peony* is equally suited for ulcers of the face, chest, or upper extremities, which are, however, very rare, whether in the same doses or in higher dilutions; or if it is applicable to scrofulous or cancerous ulcerations.

Obs. 8. *Ulcer of the breast of four months' standing; cure.*

Since the above was written, I had an opportunity of treating a country lady, aged about sixty, who for four months had had a small ulcer about a centim. in diameter on the lower part of the left breast. It was the consequence of an abscess which had never healed. The wound had been dressed with sundry irritating ointments; then homœopathic treatment had been followed, and lastly it had been cauterized with the perchloride of iron, but the disease remained as before.

I gave on the 25th December, 1866, *Pæonia* 3 internally and externally, and the following month I had the happiness to learn that the cure was complete.

Thus the curative power of *Pæonia* is not restricted to the inferior parts of the body, and I am persuaded that it embraces all portions of the body.

PURPURA HÆMORRHAGICA.

By Richard Hughes, L.R.C.P. Ed. (Exam.)

My principal object in the present paper is to inquire what *data* we possess for the Homœopathic treatment of purpura. I must begin, however, with some discussion of the nature of the disease. My remarks will take the form of a commentary on the article on Purpura by Dr. Hillier, in the admirable *System of Medicine* now appearing under the editorship of Dr. Russell Reynolds.

Dr. Hillier begins by distinguishing true purpura from those hæmorrhages into the cutis which occasionally occur in the course of other diseases, as typhus, measles, and small-pox. He does not prove to us, however, that the superven-tion of petechial patches and hæmorrhage from the mucous membranes in these disorders implies any essentially different condition from that which obtains in purpura proper. If, indeed, it could be demonstrated that in the former the blood itself was at fault, and in the latter only the blood-vessels, the distinction would be of importance.

He next specifies the varieties of the disease as two, P. simplex, and P. hæmorrhagica. "In purpura simplex, hæmor-rhage is confined to the skin; in purpura hæmorrhagica, blood escapes also from the mucous surfaces, the alimentary, the genito-urinary, and the respiratory." I submit that these are rather degrees of severity than varieties of form. Dr. Hillier himself says farther on, "The severer cases of purpura nearly always present hæmorrhage from the mucous membranes; in other words, purpura simplex, when severe, passes into purpura hæmorrhagica." A more important distinction, I take it, is between cases accompanied by fever and other constitutional disturbance, and those in which the hæmorrhage is all in all. Compare, for instance, the two following. The first is taken from the *British Medical Journal* of October 1st, 1859.

"Ellen O'B—, æt. 29, married, was admitted May 25th, 1859. * * * She was quite well three days before her

admission, and went to bed feeling as well as usual. During the early part of the night she awoke with a painful sensation in her legs, as of needles running into them: this continuing, prevented sleep; and, on examining them in the morning, the legs were covered with blotches. She dressed, and continued at her work for some hours, by which time her knees and ankles had become red, swollen, and painful, so that she had to take to her bed. In the following day, her arms had become similarly affected. She suffered much from thirst and feverishness.

"On admission, her countenance was expressive of suffering. *Pulse* 120, *full, hard, and incompressible.* The tongue was coated and cracked, but moist. The *skin, which was hot and dry,* presented, on various parts of her body (but most of all on the extremities) numerous blotches or ecchymoses, varying in size from a pin's head to that of a florin * * *.

"May 26th.—She did not sleep for pain; and was very restless. She had great pain in the wrists and ankles. There is a large increase in the number of the spots, chiefly on the back and nates. The dorsum of the left foot appears as if largely bruised. The tongue is foul; the pulse 120, full, and hard. There is a slight tinge of blood in the saliva, streaking it. The skin is hot and dry; there is no acid smell. The countenance is anxious."

Now contrast the following case from the *American Homœopathic Review* of June, 1865.

"Gertrude Clark, æt. 7, a perfectly healthy child, who had never been sick since she was born until the present disease. About March 12th, 1865, the pillow on which she had slept at night would be found, in the morning, somewhat stained with blood. After a few days she began to spit bloody saliva, and on examination, March 17th, she was found to have small spots of extravasated blood all over the body. When she had the least hurt there would immediately follow a large spot in the vicinity, which would be quite black from the extravasated blood. Any little scratch bled profusely and continuously. The accidental scratch of a pin would bleed so as to saturate cloth after cloth. Little red points

appeared on the tongue and on the whole buccal cavity, and these oozed continuously. Blood settled beneath the conjunctiva, and the eyes appeared entirely "bloodshot." The breath became peculiarly offensive. The discharge from the mouth of bloody saliva was filled with shreds of decomposed or disorganized blood. The pulse was regular but quick. The appetite was good and she slept well. She was inclined to play, and only became exhausted after considerable exertion. * * * All the secretions were bloody.".

Of the *causes* of purpura Dr. Hillier says "These are not properly understood." It is important to observe that it frequently occurs in subjects far removed from that defective nutriment which originates scurvy. To us homœopaths the following sentences are suggestive. "Ricord mentions the case of a syphilitic patient, who suffered from purpura hæmorrhagica whenever he was treated with *Iodide of Potassium.* Virchow observed the same effect from the administration of this drug to a cancerous patient."

And now as to the nature of the disease. Extravasation of blood implies some fault either in the blood itself or in the blood-vessels. That changes in the blood may cause extravasation there is no question. Such is the case, I apprehend, of the petechiæ of typhus, of poisoning by *Arsenic* and *Phosphorus,* and of acute atrophy of the liver and other hepatic diseases inducing acholia. But there is no evidence of any constant change of the blood obtaining in purpura. "The blood has several times been analysed; it has sometimes been found to contain a deficiency of fibrin, sometimes a normal quantity, and sometimes an excess of that ingredient. * * * In an examination of the blood in two cases of purpura, by Dr. Parkes, the only remarkable result was an excess of iron with a general deficiency of the solid constituents. * * * In an analysis by Routier, quoted by Simon (*Animal Chemistry,* vol. i, p. 319) there was no general deficiency of solids, but a small proportion of fibrin, ·09 per 100." (Hillier.)

Are the blood-vessels, then, in fault? This seems the necessary alternative. The only fact, however, bearing on

the subject is the examination of a case of pupura by Dr. Wilson Fox. The malady occurred in the course of secondary syphilis: and the lardaceous degeneration which under the influence of that poison had invaded the abdominal viscera was found also in the capillaries of the skin. I cannot think that this goes for much.

To sum up, then. Purpura is no "land-scurvy," but a generically distinct affection. The resemblance is phenomenal only. In purpura there is none of that excess of fibrin in the blood which analysis demonstrates to exist in scurvy, and which shows itself in the plastic effusions which sheathe the muscles and mat the cellular tissue of scorbutic patients. Nor is there in the majority of cases of purpura any history of deficiency in the fulness or variety of diet. It appears under two forms,—the febrile, and the simply hæmorrhagic. In both it appears to be an affection of the blood-vessels rather than of the blood. Let us now inquire into its treatment.

In the febrile form of purpura the fever maybe either sthenic (as in the case I cited from the *British Medical Journal*) or asthenic. Of the latter variety we have some instances in homœopathic literature, of which I shall speak directly. Of the former I know of no record. We may gain a hint, however, as to its leading remedy from the experience of the other school. "The late Dr. Parry, of Bath," writes Watson "was the first to point out the efficacy of abstinence, *venesection*, and purgatives, in some instances, at least, of purpura. An example of this kind occurred in one of Dr. Latham's hospital patients. The whole tongue was livid, one half of it presenting the appearance of a large, black, bleeding fungus; and on the inner surface of each cheek were several black, fungoid patches. The patient was voiding also unmixed blood from the bowels. In this case there was no evidence of the operation of any debilitating cause, and the pulse, though frequent, was *hard*. Bleeding from the arm always gave relief to his uneasy sensations: he was purged also, and put upon low diet. Under this plan he steadily improved, and in four or five days no vestige of the complaint remained except the fading spots."

I cite this case for the sake of the principle, not of the details of its treatment. The spoliative measures of bleeding and purging necessary in allopathic hands to soften a hard pulse, are superseded for us by *Aconite*. The use of this great anti-pyretic, with a corresponding diet, would seem to be our proper treatment of sthenic cases of this disorder.

Of purpura with asthenic fever we have three cases on record in this Journal. The first is in Vol. XIV, p. 553, and is from the pen of Dr. Hale, of Hastings. A gentleman, æt. 49, in fair health with the exception of dyspepsia, began to ail in the middle of March, 1855. He first had a tender and painful swelling over the tibia, with much constitutional disturbance. As that got better an itching papular eruption appeared over the surface. This also disappeared; but on May 1st bleeding of the gums, followed by epistaxis, occurred; and Dr. Hale, being summoned, found his patient covered with petechiæ. "The concomitant symptoms were of a very grave character, an anxious, haggard expression of countenance, a hoarse voice, a shabby pulse, cold perspiration on the forehead and extremities, and general prostration of the vital powers. * * * The first step in the treatment was to administer wine freely; secondly, to give *Sulphuric Acid* 2; and thirdly, to allow the patient to drink freely of orange-juice and water, and to support his strength with strong cool beef-tea and jelly."

Improvement ensued, but the next day blood began to pass in the urine in large quantity. On the eighth day, however, all hæmorrhage had ceased: and the patient made a rapid convalescence. Besides the *Sulphuric Acid*, *Ledum* 3, and *Arnica* 3 were given.

The next case is by Mr. Willans, of Liverpool: and is so brief and instructive that I give it entire (Vol. XVII, p. 288).

"On the 19th of January, 1859, I was called to see a man of spare habit of body, æt. 50, complaining of pains in knees and elbows and wrists. Headache, shiverings, very thirsty, tongue very much coated, bowels were open. There was no swelling of the joints; the pulse was 100, full. Ordered *Bell.* 2.

"On the 20th, the painful joints became swollen, very

much headache, pulse 130, eyes watery and lids swollen, black patches about the size of a sixpence appeared on and over eyelids and on nose, tongue was much swollen, and a great quantity of saliva flowed from mouth. The shiverings continued, urine was scanty and high-coloured. Ordered *Acid. Sulph.* 1, and *Arnica* 1, alternately.

"Next day, purple patches appeared on thighs and legs, much larger than those on face. There was a greater discharge from the mouth. The tongue was covered with a black kind of mucus. The tonsils were much swollen and ulcerated, gums exceedingly tender, and the fetor from the mouth was most offensive. Pulse 130 and weak. With difficulty he could speak, and was quite unable to swallow anything solid, even the medicine caused great pain in deglutition. During the night was great restlessness and slight delirium. Continue the *Acid. Sulph.* and *Arnica*. The day following the breath was so offensive that with difficulty I could stay in the room. His wife was quite unable to bear it! The other symptoms remained the same and the pulse was if anything weaker. I ordered some chloride of lime to be placed in the room, otherwise no one would enter it to attend on him. I also prescribed a lotion for the mouth, containing ʒj of *Tr. Arnica*, to ʒviij of water, to be used frequently during the day; and continued the *Acid. Sulph.* and *Arnica*. Next day the fetor was decidedly less. No fresh patches appeared. He had rather a better night though the delirium continued; he complained of no pain anywhere, only in swallowing. The knees and wrists were not so much swollen, urine was more natural, pulse 120, weak. For three or four days no fresh symptoms arose, but the patient was evidently sinking. Beef-tea and milk were administered when he could take it, also he got wine daily, and continued the *Acid. Sulph.* and *Arnica*.

"On the 29th the symptoms presented a more favorable character, the fetor had entirely gone from the mouth and the discharge was much less. He could swallow better, had some sleep during the night, felt stronger; pulse 100, not so weak; the patches began to disappear from the nose and eyes and the swelling to leave the face; he could speak better.

Next day there was a still greater improvement. He felt hungry, and had no pain on deglutition; all the patches were nearly gone from the face; those on the arms and legs were much less; he continued to improve daily. The patches left the legs and thighs, except one that sloughed, which healed under cold water dressing, and on the 24th February I pronounced him well. The *Acid. Sulph.* and *Arnica* were stopped for the last few days."

The third case is reported in the xviiith vol. of the Journal, p. 171, by Dr. Thomas Wilson, of Hull. It is styled "Angina Gangrenosa, with Purpura Hæmorrhagica." It seems to me hardly a case of true purpura: but one of those in which disorganization of the blood, leading to extravasations and hæmorrhages, occurred in connection with malignant sore-throat. The patient died.

The question before us then, is—Are we to conclude, on the evidence of the cases before us, that *Sulphuric Acid* and *Arnica* are specific remedies for purpura hæmorrhagica? I confess myself quite unable to see the homœopathicity of *Sulphuric Acid* to the morbid condition here present. Its use seems a relic of old school traditions rather than an induction from the law of similars; and it is difficult to conceive of the "astringent" action of the drug being exerted in the first and second dilution. The claims of *Arnica* deserve more respectful attention. The petechiæ of purpura are unquestionably so many *bruises* (the term "ecchymoses" is common to both): only in this case the extravasation results from morbid change from within, and not from mechanical violence from without. If *Arnica* has any specific power over the latter, it is possible that it may exert a similar influence over the former. It "determines" (in old-school language) "to the surface," and so favours hæmorrhages: but there is nothing like purpura, simplex or hæmorrhagica, in its pathogenesis.

It is worth noting, moreover, that in both cases the symptoms began to decline on the eighth or ninth day from their accession. It is possible that this may be the natural acme of the disease, and that the medicines in neither case had much to do with the cure.

The only instance of the non-febrile form of purpura, where the hæmorrhage is all in all, which I know of in homœopathic literature, is the case a part of which I have already cited from the *American Homœopathic Review*. In this case the symptoms rapidly subsided when, after six days' increase, on the seventh day a high dilution of *Phosphorus* was administered. Again the duration of the malady before improvement set in throws some doubt over the curative action of the medicine. Its choice was determined by the hæmorrhagic symptoms of Hahnemann's pathogenesis. There is no doubt that the abundant ecchymoses observed in the subjects of poisoning by *Phosphorus* closely resemble the symptoms of purpura. But unfortunately the weight of evidence is against these effects being *primary*. They seem to occur only in connexion with the peculiar morbid changes induced by *Phosphorus* in the liver. They point to the purpuric symptoms which characterise yellow fever and acute hepatic atrophy, rather than to the idiopathic disorder. Still I do not hold the question as settled; and we do well to keep *Phosphorus* in reserve in the treatment of our present malady.

A word about three other remedies for purpura. *Mercurius* unquestionably causes ecchymoses and hæmorrhages; and were purpura a true blood-disease, I should prefer this to any other medicine in the asthenic febrile form. As it is, Mr. Willans' case reads so like an example of acute hydrargyrosis that I wonder he did not treat it with *Mercurius* throughout. *Arsenicum* stands on the same footing: and should the general symptoms demand either of these medicines, I should set theory aside, and trust to them to check the hæmorrhages also. A still more important candidate for favour is the *Hamamelis Virginica*. A case is recorded in Dr. Hale's "New Remedies," in which the administration of this medicine rapidly dissipated purpuric symptoms supervening upon varioloid. The anti-hæmorrhagic properties of *Hamamelis* are so considerable, that I am disposed to credit it with much power over the morbid condition now before us. It would seem especially suited to the non-febrile forms.

It will be seen that the above paper is purely tentative.

I have never myself seen a fully developed case of purpura. But I hope that what I have written may prove suggestive to a brother-practitioner who may be called upon to treat this alarming disease.

ON THE ALLOPATHIC AND HOMŒOPATHIC USE OF SPECIFICS.

By Dr. Drysdale.

(*Continued from vol. XXV, p.* 598.)*

In 1825, when he was then seventy years old, Hahnemann wrote that note in the 3rd vol. of the *Materia Medica Pura* with which, no doubt, all readers of this journal are familiar. In this for the first, and as far as I am aware, only time he speaks of the "intermittent fever-exciting power of *Cinchona.*" But as he had already fully explained his meaning, and the note is written for another purpose, that cannot be taken as an assertion that specifics produce the actual diseases they cure, but only states bearing a qualified resemblance to them. The other object of the note is what interests us at present. This is the comparison of the reception of his doctrine with that of Harvey by their contemporaries. He points to the fact that while Harvey's discovery was received with every kind of opposition which ignorance and prejudice could dictate, even to the extent of ridicule and calumny; *no one took the trouble to repeat his experiments*, and it was only after upwards of thirty years that the truth of his doctrine was generally recognised. Hahnemann's discovery met with the same reception during his life, and even now when nearly twice thirty years have elapsed since its promulgation, only a small minority of the profession have put it to the test of experiment. There is, however, a remarkable difference between the two cases in the appeal to experiment. Harvey's belongs more to the physical sciences, and in it we have all

* Erratum at p. 595. At the second quotation *for* "Dr. Aitken," *read* "Dr. Alison."

the conditions under our control, therefore the experiment can be repeated at will; whereas Hahnemann's belongs exclusively to vital action, and in it some of the conditions are wholly beyond our control, therefore we must wait upon nature, and the experiment cannot be repeated at will; but we must offer the conditions under our control over and over again till we obtain the response which shall determine the truth or falsehood of his discovery.

The glory of Harvey, as Henle well says, is that he was the founder of Experimental Physiology. His great discovery was arrived at by a succession of inferences from data carefully collected and considered, and is looked on as a model of philosophic induction;* yet it is one of such a simple nature that it could be put to the test at any time with a cat or a dog and a few simple apparatus. Indeed, one of his opponents had the magnanimity to retract all that he had written against him, and to state "I examined the whole thing anew and with greater care, and having at length made the dissection of a few live dogs, I find that all his statements are most true."†

The glory of Hahnemann is that he was the founder of Experimental Pharmacodynamics. Likewise his discovery of the Homœopathic law of Specifics was made on the principles of Philosophic Induction as truly as that of Harvey; but it deals with phenomena of a very different nature, and cannot be brought to the test in the same simple way. It is not sufficient to give a drachm of *Cinchona bark* to the first half dozen persons you meet to test its power of producing a morbid state similar to some forms of ague. So far, therefore, we cannot expect it to be accepted so soon as Harvey's discovery, nor can the same amount of blame be attached to those who reject it. Moreover it is to be regretted that Hahnemann, though at first he followed the strict philosophic rules, afterwards abandoned them, and instead of making known his actual experiments

* Works of Harvey, Sydenham Society's Edition, XL.

† Ibid., LI. The name of this just man, Plempius, of Louvain, should always be mentioned with honour. It is sad to reflect how few examples of such conduct are met with in medical history!

and the successive steps which led him to his conclusions, gave us those conclusions only and expressed in a dogmatic form in the *Organon*. These conclusions may be all true in the sense that the facts have happened and will happen again, but we have no means of knowing whether they are absolutely true, or only under certain contingencies, and what those contingencies are. When, therefore, he appeals to experience, the answer is not necessarily and immediately favorable, as indeed might be expected in a matter of such complexity, where so many causes are continually in operation over which we have no control. This applies particularly to the dose, and the correspondence of the action on the healthy body with curative action of specifics. It is with the latter we are especially concerned at present.

In his natural desire to have some explanation of the Homœopathic law of cure, Hahnemann adopted the theory (supported by analogies drawn from the moral and material world and partly also from pathology) that any stronger influence would overpower a weaker one of a similar nature; thus the medicine produced a stronger medicinal disease and thereby overpowered the weaker natural disease. But in putting the Homœopathic theory into practice, it was found that to avoid aggravation the dose must be diminished till no sign of a stronger degree of medicinal disease could be observed, and yet the cure took place. The stronger influence of the medicine must, therefore, be sought for in another quality, and the following is the explanation then fallen back upon by Hahnemann:

"The first law of nature which we cannot fail to recognise here is: the susceptibility (Afficirbarkeit) of the living organism to natural diseases is incomparably smaller than to the action of medicines."*

In proof of this he adduces the numberless external and internal exciting causes of disease to which the human frame is daily and hourly exposed, and asks who would ever be well if these influences had an unconditional power over

* *Geist der Hom. Heil Lehre. R.A.M. Lehre*, bd. 2, p. 19. (1833.) Written in 1813.

us. On the contrary, as disease is on the whole the exception, and so many circumstances and conditions must coexist before disease arises from its exciting cause, it follows—

"That man is so little capable of being acted on (afficirbar) by those morbid influences that they can never unconditionally produce disease, and that the human organism at least can only be thrown into disease by them when in a state of peculiar predisposition. Quite otherwise, however, does it stand with the artificial dynamic powers we call medicines. For every real medicine acts at *all* times, under all circumstances, on *every* living human being, and excites in him the symptoms peculiar to it (so as to be distinctly manifest to the senses if the dose be large enough), so that evidently *every living human organism* must be, at all times and absolutely (durchaus) affected, and as it were, inoculated with the medicinal disease, which, as is well known, is by no means the case with the natural diseases." [This sentence is repeated textually in the *Organon*, § 32.]

And again, "The medicinal powers possess an absolute power over the human organism, but disease influences only a very conditional one, and which is quite overbalanced by the former" [p. 20.]

But as the difficulty remained, that if the organism was not able to throw off the natural disease, how could it throw off the medicinal disease which overpowered the former in virtue of its greater strength of any description? he was obliged to suppose that it was because the latter, though stronger, was of a shorter duration.

This explanation failed to satisfy the minds of his followers almost universally, nor did Hahnemann set much store on it himself, as we see from this passage (§ 28) in the *Organon*:

"As this natural law of cure is verified by every pure experiment and observation in the world, and the fact is consequently established, it matters little respecting the scientific explanation of the manner in which it takes place; and I do not attach much importance to the attempts made to explain it."

Nevertheless, as I believe that the above theory of the

unconditional power of medicines is erroneous, and has exercised a most prejudicial influence on the reception of the Homœopathic doctrine of specifics, the subject demands a more detailed consideration.

The statement is in one sense, no doubt, quite correct. Contrast, for example, the action of *Arsenic* with that of the morbid poison which is the exciting cause of typhus. We know that in certain doses that mineral will cause the death of any number of persons. We know likewise that, by the neglect of certain sanitary precautions and exposure to this poison, an indefinite number of persons may be destroyed by typhus. Further, we know that an evil-disposed person has the power to murder any particular individual with *Arsenic,* whereas he has no such power over his enemy with the natural disease; he may cause him to be exposed to the action of the morbid poison, but whether the latter will take effect depends on the presence of susceptibility and other conditions over which we have positively no control. So far, therefore, it may be truly said that, with the regulation of the dose in our hand, an absolute power may be found to reside in medicines, and not in the exciting causes of natural disease. But to infer that this extends to all the effects of medicines involves a complete fallacy and is contradicted by the facts; for besides those absolute effects which can always be obtained by a sufficient dose, medicines are known to produce a whole class of other effects which can only be manifested under certain conditions that are beyond our control, just as is the case with natural diseases. And as regards the theory founded on the presumed absolute action of medicines, it is precisely among the above conditional class of effects that the majority of the specific curative actions are found; therefore it loses all support from the instances in which medicines display that absolute action. If we appeal to the evidence of facts against the absolute action of medicines as a universal rule, there is no need to go beyond Hahnemann's own works, for he never ceased to interrogate nature by experiment, and was an accurate observer. For instance,

in this very question of *Cinchona*, his expression is, as we have seen—

"The tincture of one ounce of Peruvian Bark, with two pounds of water, taken gradually night and day, as surely produces a Cinchona fever of several days' duration, as exposure to a fenny atmosphere in autumn brings on an ordinary intermittent fever."

That is to say, not absolutely, but only "as surely" as the exposure to marsh poison. The action is placed exactly on the same level as the natural diseases which we know are contingent on predisposing causes for the most part beyond our control. The same is recognised practically in his whole—almost life-long—series of provings of medicines, and finally embodied in the *Organon* among the directions for proving medicines in the following passages:

"But the whole of the symptoms peculiar to any medicinal substance whatever, never manifest themselves in the same individual, neither do they appear simultaneously, or during a single experiment; on the contrary, the same person experiences, in preference, at one time one set of symptoms, and in a second or third experiment yet others, &c."—§ 134.

"It is only by repeated observations made upon a great number of individuals of both sexes, properly selected for the purpose from among a variety of constitutions, that we can acquire a pretty accurate knowledge of the whole of the morbid effects that a medicine is capable of producing."—§ 135.

Almost all those of the Homœopathic school who have given their attention practically to the proving of medicines are quite aware of this distinction of the different actions of medicines, as it is, in fact, forced on their attention, and is the basis of the directions for the repeated trials of medicines on individuals of all kinds of constitutions in many different circumstances, though few have adverted specially to the subject as of particular importance in a theoretical point of view. And, indeed, it may be said, if the fact is practically recognised and acted on, and even Hahnemann, though he uses the hypothesis of absolute

action in his explanations of Homœopathic action, sets little value on that, why then should we lay any stress on this distinction? To this I reply that the mere recognition of this as a fact, when forced upon us practically, is not sufficient; the principle involved must be understood in all its bearings, and then it will be found to shed an important amount of light on some obscure parts of the Homœopathic theory as a whole. In particular, it helps to explain the difficulty of demonstrating the Homœopathic action of specifics on the healthy body which is the stumbling-block in the way of the general recognition of the Homœopathic law; and also it helps us to understand the peculiarity of Hahnemann's later teachings which have also acted in the same manner. For it seems to me that the exaggerated belief in the power of medicines and the putting at absolute what is merely conditional, explain nearly all the peculiarities of Hahnemann as regards the dose and the action of medicines as will appear when we go more into detail.

This subject has for long occupied my attention, and in 1848 I brought forward this division of the physiological effects of medicine into two great classes, viz. those that could be produced at will, and those contingent on the presence of a special susceptibility, and, therefore, not under our control, in an article in this journal entitled *Critical Investigations of the Dose.* Two years afterwards Dr. Madden adopted this view, and further developed it in two excellent articles in this journal in 1850, termed *On the different kinds of Actions of Medicines.* Dr. Madden then proposed the terms *genico-dynamic* and *idio-dynamic,* to indicate respectively these two classes of action. On this I shall remark presently. More recently, viz. in his *Lectures Publiques sur l'Homœopathie,* published in 1865 by Dr. Imbert-Gourbeyre, a similar view is strongly urged. This author contrasts the certainty of chemical reactions in the laboratory with the results of physiological experiments with medicines. In the latter case the effect can in general not be predicted with anything like certainty, being, in fact, contingent on a variety of causes, more especially difference of individual susceptibility. Therefore he proposes this

should be recognised as a principle, and terms it the *law of contingency.* This he admits into the formula, expressing the fundamental tenets of the Homœopathic school, viz. "*Similiter, Elective, Contingenter et omni dosi.*" This seems to me remarkably concise and accurate. Now, practically speaking, all actions of medicines may, in one sense, be called contingent, inasmuch as in the vast variety of persons and circumstances subsisting in the world, we cannot have perfect certainty that the ordinary full doses of medicines will have their usual effects of a generic kind; yet, practically, we know that we can count with sufficient certainty on certain doses acting as purgatives, narcotics, emetics, &c., and even as poisons; while in doses below what is necessary to produce their generic effects, there are others of a more peculiar kind which we have no certainty of eliciting in any individual case. To these we may consider the law of contingency more particularly to apply. There is no sharply dividing line between these two classes of medicines, but the whole series of medicinal action tend to arrange themselves under one or other of these extremes. We therefore require terms to define them conveniently. Dr. Madden's definitions I regard as, on the whole, very good, more especially the *genico-dynamic.* But for the other class I prefer the term *contingent,* because, in the first place, it is better not to make a new technical word when it can be avoided, and next, because it expresses more accurately the point of distinction between the two classes of medicines, viz. the one are under our control and the other not. Now Dr. Madden's idio-dynamic expresses the peculiar and not the contingent, and though, in fact, they generally go together, yet it is not always so. For example, the dilatation of the pupil is a very special or peculiar effect of *Belladonna,* and yet it is one that can be produced at will, while the classing it as a "mydriatic" with one or two drugs certainly should not sink it into such a common and generic action as an emetic or purgative. The latter part of Dr. Madden's definition, viz. dynamic, is put in to exclude all chemical or other action than vital. But as our whole business is with the vital actions exclusively,

it seems unnecessary to include that in the definition. Likewise with respect to the *generic*, though it in most cases describes the same phenomena, I would prefer a word which expresses more distinctly an action under our control. Perhaps positive would be the best term, but as Hahnemann has already applied that to all the actions of medicine in his "Fragmenta de viribus *positivis*," I cannot think of any better word than *absolute* at present, *i. e.* not in the abstract philosophical sense, but merely meaning that practically we can count on producing the effect intended beforehand. On the healthy body alone it must be well understood. I would therefore describe the physiological action of medicines as falling under two great classes, viz. the *absolute* and the *contingent*.

One of the first uses of this distinction is that it illustrates the sharp line of demarcation between the Homœopathic and Allopathic schools, for while the former can use both these classes, the latter, in as far it follows any positive principle, must confine itself exclusively to the absolute class. This is quite intelligible, and at the same time must be admitted to be rational. If medicines are to cure by their physiological power as stimulants, emetics, purgatives, diaphoretics, narcotics, and the like, they must be selected and given in the dose sufficient to produce with certainty the required effect. Who would choose an emetic or a purgative which might possibly act in these ways, but only contingently to circumstances of which he was ignorant, and over which he had no control? The occasional insensibility produced by mesmerism has been long known, and a painless operation was performed by J. Cloquet during it many years ago. More lately it was attempted to use it practically for that purpose, but with little success, as the power of producing the mesmeric state absolutely was not in our hands, and when ether and chloroform were introduced, these agents at once superseded the merely contingent power. It is therefore not surprising that the Allopathic school should direct their whole attention to that class, and should consider useless or deny the existence of those effects that were only occasionally to be

met with. Nevertheless, every good practitioner knows empirically the value of a large number of medicines, whose action he cannot explain in any rational way by reference to their known absolute effects. The key to this apparent mystery is given by the discovery of the whole class of medicinal action larger than the other, which, being only contingent, cannot be elicited at will, but only after patient and repeated experiment. It is from this class that the greater part of the indications for Homœopathic use are drawn—not that the law does not equally apply to the absolute class, but because they much less frequently meet their counterpart in real disease. What diseases consist of idiopathic vomiting, purging, or diuresis, &c., out of all proportion to the remaining phenomena? On the contrary, these are for the most part subordinate symptoms, which it is the chief aim of pathology to trace to their proximate cause, and to save us from being misled into treating them directly. It is otherwise with the contingent symptoms which offer a complete resemblance to those of natural diseases, though, it is true, often faintly developed. The absolute effects may be compared to wounds and other mechanical injuries, burns, lightning-stroke, &c., which always produce their effects without any special susceptibility on the part of the organism, and, in fact, poisons are classed along with these agents. In their action, too, there is a difference between them and natural diseases, inasmuch as the amount of disorder is strictly in proportion to the cause. The inflammation accompanying them is said to be of a healthy character, in opposition to morbid, which is the case when actual or dormant disease is already there, as, for example, when an insignificant scratch causes death by erysipelas. Likewise the absolute effects of medicines, such as vomiting, or purging, &c., are in proportion to the dose, and the action soon subsides when the dose is omitted, and may be reproduced at will.

It is chiefly owing to the absolute class that we have the *incongruity of the symptoms* which distinguishes poisoning from natural disease. It is true that the group of symptoms forming the contingent effects are destitute, for the

most part, of the general symptoms that would accompany the natural diseases to which they are similar, nor do these groups all hang together themselves; but this arises, 1st, from their slight degree of development; and 2nd, from the circumstance that many of these groups are independent elementary morbid states, which find their *simile* not in one but in a great many different diseases. This differs, however, from the glaring incongruity shown by the interpolation of absolute symptoms which contradict the evidence of the rest by exerting a counteracting power over what would have been a natural course and connection of the symptoms. For example: if we are watching a group of chest symptoms produced by tartar emetic, or the characteristic pustular eruption on the skin, and suddenly a large emetic dose is given, though the whole action is certainly that of tartar emetic, yet if we admit the vomiting as a part of either morbid pictures, we should be unable to comprehend it.

As the contingent symptoms resemble natural diseases more closely than the other class, they are on that account much more frequently the indications for selection of the remedy; and as, according to the definition above given, viz. *Homœopathic specifics cure by the absorption of the whole physiological into the therapeutic action*, it is evident the absolute action is not needed. The contingent is all that is wanted; the presence of the disease shows the susceptibility is already present, and that is enough for the curative action, no surplus is required for physiological action. Here is appropriate the remark that the whole phenomena of the Homœopathic therapeutics are contingent in one sense, viz. it is only when the choice of the remedy is correct, and it is the pathological simile that any perceptible effect is produced at all, and when that takes place it is solely the curative effect that is the action of the medicine. No other symptom which accompanies or follows the curative action can be the physiological effect of the medicine, except as an undesirable and unlooked for accessory. The whole physiological passes into the therapeutic action, leaving no sign of its presence. This is so entirely opposite to the theory and

practice of the Allopathic school that most of the patients, and not a few even among Homœopathic practitioners, are unable to shake off their old notions, and continually describe Homœopathic medicines as given to produce some particular physiological effect which had always been associated in their theories or experience with the cure of diseases. Thus we constantly hear of *Aconite* being given to produce perspiration, or its action is accounted for by saying it produced perspiration. I have had to explain times without number that it did and could produce no such effect, and that the only reason why it was chosen was because its physiological action was to produce dry and hot skin, and if rightly chosen this action was entirely extinguished and rendered invisible in removing the similar diseased state, and that the visible phenomenon, viz. perspiration, was merely the necessary result of the return of the capillaries to their normal state. The same, of course, holds good in the whole of Homœopathic practice, and this is one of the great stumbling-blocks to its general acceptation. Medical men are most unwilling to be placed in this position after being accustomed to prescribe medicines whose effect they could confidently predict, and by which they could, to a certain extent, control the prominent symptoms, though whether for the ultimate good of the patient is a very different question.

To the contingent effects of medicines belong all those finer and more peculiar symptoms which form the bulk of the Homœopathic Materia Medica, both those collected from fortuitous provings scattered through medical literature and those by design in the Homœopathic experiments. Moreover in those medicines which are considered inert in the ordinary Materia Medica such as *Carbo, Silica, Lycopodium* and the like, *the whole* of the symptoms belong to this contingent class.* It is among the contingent class

* It seems almost superfluous to insist so much on the contingency of a certain class of symptoms were it not that we find men, otherwise well informed, speaking in this manner, in a review of Hughes's *Manual of Pharmacodynamics*, in the *Medical Mirror* for December, 1867, p. 746. "Finally, before we can give credence to the curative powers of infinitesimals,

that we find those symptoms which prove the Homœopathic action of most of the empirically known specifics of the old school; hence the difficulty of the demonstration. The law of contingency is thus a veil which hides the law of specificity from the careless and indifferent. To those who are serious and anxious for the truth, the task of verifying the facts and the law of Homœopathy is not very difficult, if besides their own physiological and clinical experiments they accept the evidence of those who are, or have been, engaged in the same work. But whoever looks only to himself must consider well the magnitude of the task before him. If he wishes to adopt the clinical mode he will require an hospital and whole staff of devoted pupils working for years before he can adequately test to a negative conclusion the treatment of even a few diseases. If he chooses to verify or refute the alleged physiological actions of the medicines corresponding to their known specific effects, that will occupy the whole of a long life of research in the medical literatures of all countries, besides numerous experiments of his own. For without completeness, what is the value of negative evidence in refutation of any assertions respecting contingent phenomena?

Let us illustrate, and at the same time finish this subject by an example more in detail. M. Trousseau, in refutation of the alleged Homœopathicity of the action of *Arsenic*, says:

"We must not attribute to arsenical infection, accidents quite exceptional and which are the result of chance, or which happen to persons endowed with an unusual susceptibility. . . . The same is true of some phenomena which are produced occasionally during the employment of arsenical preparations: such as the stupefaction of the whole nervous system, the febrile chill return-

we must ask that their possession of any power whatsoever be proved by the attainment of a tolerably uniform series of physiological results, *such as emesis or cutharsis*, &c., through their use in the hands of any physician who may make the experiment." First he implies that infinitesimal doses are essential to Homœopathy, which is uniformly denied by that school, and then insist they should vomit or purge in a "tolerably uniform" way. He might almost as well request the Registrar General to furnish an epidemic of cholera whenever a physician wished to experiment on that disease.

ing at fixed periods, the paraplegia, hectic fever, articular pains, leucophlegmasia, chronic exanthem over all the surface, &c. We will not speak here of the singular reveries of hypochondriac Homœopaths, and the innumerable symptoms they have discovered in *Arsenic;* we leave them in the ideas which they cherish and which they force themselves to believe."

Professor Iembrt-Gourbeyre was then considering the same subject, and as it was impossible to verify all the pathogenetic catalogues given by Hahnemann, he determined to devote his whole attention to one and study it thoroughly. He says:

"I took *Arsenic* in preference just on account of this passage from Trousseau. Who spoke the truth, Hahnemann or Trousseau? Must I pass over to the side of Hahnemann, or remain in the ranks of the majority? Such was the problem I had to solve. I did not hesitate to study it exhaustively, and set to work first by searching out all that had been recorded on the subject. I have consulted all the books, monographs, essays and theses on *Arsenic*. There does not exist the smallest observation of arsenical poisoning in all degrees which I have not verified. I have given a place in my library to all that has been published on this subject in Europe as well as America, in France as well as in Germany, in England, in Sweden, in Russia, in Italy, and everywhere. Not only did I wish to read everything, but I desired to see and repeat for myself the experiments with *Arsenic* in doses varying from that commonly used up to the highest infinitesimal degree; and after this arduous work, which has now lasted *nearly fifteen years*, and which goes on yet, what was my astonishment when I saw that Hahnemann, in describing these numerous symptoms of *Arsenic*, was in agreement with all tradition, with a thousand observations of poisonings published by toxicologists, with a thousand physiological facts published by the allopaths themselves; while, at the same time, I saw the same facts perpetually repeated in my personal experiments. Thenceforward I hesitated no longer: I was sure of the truth; I had mastered it; it must be defended. I ventured into print, and I demonstrated the value of that which M. Trousseau had denied with so much assurance in a series of essays wherein is proved the reality of the eruptions, the palsies, the articular pains, the

febrile accidents caused by *Arsenic*, and of a crowd of other symptoms belonging to that medicine. My labours even show that the number of symptoms caused by *Arsenic* is still greater than that given by Hahnemann."

Fifteen years of research directed to the verification of one proving! Let us mark that well, and contrast it with the dissection of a few live dogs which sufficed to convince honest Plempius of Harvey's truthfulness. To say any more would only weaken the force of the argument against the inadequacy of Trousseau's pretended refutation of Hahnemann's arsenical proofs of the homœopathic law, and all such criticisms which rest on anything less than a complete and exhaustive study of the evidence for facts that are only contingent.

To return to the other bearings of the subject. In order to elicit the contingent symptoms, the rule is to give doses below what is sufficient to produce any of the absolute symptoms, but still sufficient to produce some effect. Hence we cannot tell beforehand which of the symptoms will make its appearance in any prover. It is, therefore, impossible to verify at once the particular headache or cough or pain said to be the pathogenic effect of *Calcarea*, *Sepia*, *Carbo* and such medicines. To prove or verify the provings of such, we must give the same dose to a variety of persons and wait the result.

When this is done with a number of persons, we get the different powers of the medicine developed in different individuals according to the special susceptibility that may happen to be present in them. When they act on any organ, or part, or function, it is only in virtue of that susceptibility that they act at all, therefore the group of symptoms must harmonise like those of natural diseases.

But if a large dose be now given, it may bring additional symptoms, such as vomiting or purging, or pains that have no connection with the contingent effect, and will confuse, or even may entirely efface, the significance of the morbid picture; just as a wound or a burn during an attack of pneumonia or pleurisy would superadd symptoms which, if

all added to the original group with no means of distinguishing them, would make the diagnosis quite impossible.

My colleague, Dr. Hughes,* has furnished us with an exceedingly good example of the necessity of eliminating the absolute symptoms in forming a correct diagnosis of the morbid picture in his remarks on the dilatation of the pupil as a homœopathic indication for *Belladonna*. That drug, as we all know, possesses the power of dilating the pupil either by stimulating the longitudinal fibres of the iris through the nervous filaments derived from the sympathetic, or depressing the third pair of cranial nerves, and thus paralysing the circular fibres. It is not yet agreed which of these is the primary action, but at all events the effect is as certain and absolute as the contraction of the pupil from the reflex stimulus of light on the retina, and it takes place whether the drug is applied locally or absorbed through the general circulation, no matter which of the other effects may, at the same time, be produced. Among those other effects is very commonly an irritation or inflammation of certain parts of the brain which are usually attended with contracted pupil; but that is counteracted by the local action upon the iris, therefore, as Dr. Hughes says, "an important practical conclusion follows, viz. that a dilated pupil is no indication for the exhibition of *Belladonna* in cerebral disorder" (p. 434). It ought to be rather, that the absence of contraction of the pupil is no reason why *Belladonna* should not be homœopathically indicated in certain cerebral disorders. We can easily conceive those cerebral disorders to find their parallel among the contingent effects of *Belladonna* produced by a dose too small to excite the absolute local action on the pupil which would then be contracted as a sympathetic symptom; and, indeed, we find five symptoms of *Belladonna* in the *Mat. Med. Pura* (245 to 250) in which the pupil was contracted, though unfortunately it is not stated in what connection those symptoms stood to the head symptoms. On the other hand, we doubt not that some of the instances of dila-

* *Brit. Journ. of Hom.*, vol. xxii, p. 425.

tation were among the contingent actions. In both these cases the state of the pupils would take its place among the rest as a help to finding the pathological simile. While in all other cases where it was merely the absolute action, it gives no help and is merely thrust in without any congruity among the real signs of the disease.

Since the time of Hahnemann we are wont to speak of the action of drugs as "medicinal diseases," but there has appeared to me always to be a want of precision in our understanding of the term, for we all feel that it cannot properly apply to all the actions of medicines. After reflection on the subject I would suggest that it applies particularly to the contingent effects.

For what is a disease according to the definition formerly given? It is the assemblage of symptoms depending on a proximate cause, which in its turn is the product of two factors, viz. the predisposing cause on the one hand and the exciting cause on the other. Now the medicine is here an exciting cause, viz. a specific stimulus which will not act without the presence of a special susceptibility which thus occupies the position of the predisposing cause. The resultant is, therefore, a disease however small in extent or mild in degree, yet quite fit to be the pathological *simile* of the greatest degree of natural disease.

The point now to be considered is what are the elements of contingency which assimilate it to the predisposing cause?

It is obvious that a great variety of extraneous causes may interfere with the development of the physiological effects of drugs, and make them conditional only. Therefore we must eliminate all but those depending on the state of the healthy organism. In the first place we must eliminate all the accidental conditions; we must eliminate the different actions of different doses as far as they come within the quantity sufficient to produce all the varieties of the absolute class. These varieties are well known and taken advantage of in the practice of the Allopathic school, as, for instance, when a certain dose of *Tartar Emetic* is known to be an emetic, another dose a nauseant, another an expectorant, and still another a diaphoretic; similar varieties

are known of *Mercury, Quinine, Digitalis, Opium* and almost all the drugs of extensive action.* These actions are certainly conditional on the choice of the proper dose, but that is not what is meant here, as we have the control of the condition in our own hand, and no special predisposing cause is required. Again, we must eliminate, of necessity, all conditions approaching to disease, and, therefore, all those predisposing causes which come under the head of *Abnormal Predisposition.*† This includes all dormant states of disease, and the acquired habit of body and constitution, which are merely inclined planes passing gradually into disease; also the *Pars minoris resistentiæ.* These all necessarily modify the physiological action, and thus vitiate the provings by hindering the development of the specific medicinal disease, or causing the drugs to produce symptoms which are different from those really belonging to it. In particular, the *Pars minoris resistentiæ* is one of the most disturbing conditions. What is here alluded to by the systematic authors on pathology is the fact that many persons apparently in tolerable health have some weak part or organ or function upon which almost all causes of disturbance act much in the same way. And such persons are accustomed to get their particular headache or diarrhœa or spasms from any, or every, over excitement. It is plain this must be eliminated from the causes of contingency of specific medicinal disease. The class of dormant disease in the same category will be considered again as it opens up some important questions.

There remains, therefore, only the *normal predisposing causes of disease,* among which we can seek the conditions of

* But though this power of regulating the effect at will by the dose exists in respect to the physiological action of medicines, yet it is not so great as is commonly thought, for the greater part of the instances that would occur to an ordinary practitioner are really the action of medicine in disease, and only assumed to be the physiological action with which, indeed, he is only imperfectly acquainted. He knows, for example, that a full dose of rhubarb purges, while a small dose cures diarrhœa, whereupon he presumes rhubarb is a purgative in large dose and an astringent in small dose—the truth being that it was a homœopathic specific in the latter instance.

† Henle, *Rationelle Pathologie* I, p. 126.

contingency. Of these we may pass by age, sex, temperament, race, &c., and concentrate our attention on *individual peculiarity* of constitution and susceptibility to external influences on which depends the fact that the same agent—be it a specific stimulus, such as a medicine or a cause of disease—acts differently in different individuals, producing at one time a greater, at another a lesser, at another no effect at all. This is, no doubt, merely a part of the peculiarity which runs through the whole being of each individual of the species, and shows itself in form, feature, size, strength, acuteness of the senses and intellect, taste, &c. It depends on what is called by Darwin the law of variation, well expressed as follows:

"Offspring resemble their parents very much, but not wholly—each being possesses its individuality. This 'variation' itself varies in amount, but it is always present not only in the whole being, but in every part of every being. Every organ, every character, every feeling is individual, that is to say, varies from the same organ, character, or feeling in every other individual."*

These peculiarities in regard to the operation of external stimuli constitute idiosyncrasy when pushed to an extreme degree, and there is no doubt some of the phenomena included under that term are altogether exceptional and unfit to guide us practically. The number of these, however, must be much reduced if we bear in mind, 1st, what Henle says (p. 130), *i. e.* that a great many of the so-called idiosyncrasies are nothing else than symptoms of disease, magnified by the affectation and imagination of people with ill-regulated minds and want of self-control. And 2ndly, what Hahnemann says (*Organon*, § 117), viz. that many are merely the extremely developed susceptibility to certain ordinary actions of the medicines, which were not known at the time to be such, but are since shown to be by proving and clinical experience.† Now this is just the

* Alfred Wallace in the *Journal of Science* for October, 1867, p. 472.

† It is curious that one of the examples of idiosyncrasy given by Dr. Fletcher (*Pathology*, p. 21) is, "Cardinal Hauy de Cardonne swooned at the smell of a

contingent action we are speaking of. It must be admitted, however, that we can easily conceive the "law of variation" pushed so far as to produce in some individuals an action of medicines more nearly resembling that upon some other animal than upon their own species. Animals, we know, are quite differently affected by many medicines; *e.g.* Dr. Fletcher notices the

"Quite contrary effects on many of the inferior animals of some agents reputed by man wholesome or injurious. Thus, parrots are poisoned by parsely, hogs by pepper, and fowls, dogs, and foxes by sweet almonds; whereas fowls are uninjured by darnel, and pheasants by stramonium; hogs thrive on henbane, and storks, sheep, and goats on waterhemlock. The last, again, are uninjured by tobacco, and the wolf is said to take white arsenic, as the horse does corrosive sublimate, with comparative impunity."*

As we are bound to look all difficulties in the face, we must here notice the one started by Dr. Fletcher as a serious obstacle to the practical existence of the homœopathic method.

"It may be quite true that any agent which is capable of exciting a disease is the one best adapted, where it exists, to remove it. But are the susceptibilities of different bodies and parts of bodies so uniform as to enable us to say that an agent which in one produces, and therefore cures, any given disease, shall produce and cure it in another? or are the effects of different substances, as modified by their doses, and other circumstances in their administration, so constant as to enable us to insure, in any given case, the primary or secondary action of each, as necessity requires? In some cases there is a sufficient uniformity, perhaps in all these respects, to enable us to proceed with confidence, but in the majority there certainly is not; and hence the homœopathic doctrine, beautiful as it is in theory, is perhaps, in general, inapplicable to practice."†

rose." Hahnemann had already chosen the same flower for illustration, and given the counterpart of it from the Byzantine History, wherein it is stated that the Emperor Alexius was restored from syncope by rose-water.

* *Rudiments of Physiology*, p. 53.

† *Pathology*, 492.

This objection is certainly very important, but on reflection it is, I think, not so formidable as it appears; because, 1st, it does not take into account the excited susceptibility present in disease, which will be alluded to presently; and, 2ndly, nothing but experiment can determine which medicinal actions are within the limit of normal variations of contingency, and which are beyond it and belong to exceptional or idiosyncratic action. The evidence of clinical experience has proved that the great bulk of diseases can be treated with success by homœopathic medicines chosen according to contingent symptoms. Moreover, it must be borne in mind that Dr. Fletcher admits the homœopathic action of specifics, and explains the action of the specifics used in allopathic practice by the law of similars. Now we know, and I hope to show more in detail presently, that the great bulk of the physiological actions which demonstrate the above law, and are indeed the efficient cause of specific cures, belong to the contingent class. Again, the great bulk of all cures by medicine are, in fact, homœopathic specific, though not recognised as such, and supposed to be alterative, &c. So that, in fact, this same cause of uncertainty applies with nearly equal force to both schools. The dose will not help us, for there is no such thing as an abstract homœopathic dose. The homœopathic dose is simply the "quantity that suffices for the cure" when the choice is right. And when the medicine is given empirically, if the *susceptibility is not present*, may I ask what increase of dose can possibly make up for the want of it? Therefore, I think, sufficient weight will be given to the above objection if kept in mind as a caution in the physiological provings, and as one difficulty more, added to those already too numerous, which surround the prescribing from the subjective pure symptoms alone, or what has been called the "method by discovery." (See p. 593 last vol. of this journal.)

Not only does the susceptibility vary in different individuals, but in the same individual at different times. It is well known that all the functions connected with assimilation, respiration, and circulation, and also muscular power,

and sensation; the need of exercise and sleep; and, in short, every action and function, vary naturally within certain limits of *plus* and *minus* which are still within the limits of health, and are, therefore, called "physiological oscillations." These have even been pretty accurately determined in a great many particulars with respect to the urine and the respiratory function, and also to some extent in the composition of the chief fluid secretions and the blood, and even of the proximate elements of the tissues themselves. In accordance with these (and most probably in consequence of the last) the susceptibility to the action of extraneous specific stimuli is constantly varying—not only the general susceptibility of the whole system, but the local specific susceptibility of organs and parts which thus render them more liable to be acted on by the above specific stimuli at one time than another.

The Darwinian law of variation and the law of physiological oscillations are thus the bases of the contingency of the action of the causes of most diseases, and a whole class of the actions of medicines. And being *normal* they must be admitted as the explanation of the fact that it is not only possible, but necessary, to make up the picture of the physiological effects of a medicine into one complete and consistent whole, by fragmentary developments of it on a number of different individuals and at different times. It is otherwise with the *abnormal* predisposing causes, which may entirely vitiate the results of physiological provings. It is obvious that the presence of active disease may predispose to disease of other kinds from that actually present, and entirely modify the action of the usual exciting causes of disease and drugs; therefore it is of course an axiom that physiological experiments cannot be performed on persons already ill, even though we reject all the symptoms referring to the organ or part idiopathically affected, supposing even that we could distinguish them accurately. This is too plain to require dwelling upon. But it is otherwise with undeveloped and dormant disease, whose bearing on the art of proving medicines causes such complication and difficulty, that we

are almost inclined to despair of ever attaining to perfectly complete and accurate provings.

With respect to undeveloped disease as forming an abnormal predisposing cause, we have examples in those which exist as it were in the germ, and cause no appreciable symptoms till the stage of physiological growth proper for their manifestation arrives. Thus we have rickets, phthisis, cancer, and insanity only appearing at the age which such could come to maturity, and they make their outbreak then under the influence of general causes of lowered health, which cannot be considered specific in any degree. The existence of this germ of disease is already morbid, in fact, is disease, and therefore is seen easily enough to vitiate provings to that extent. The state of *dormant disease* is, however, more difficult to deal with, for we find, after a long series of hurtful influences acting on any organ without producing any apparent disease, suddenly, after some trifling external cause out of all proportion to the result, serious disease is at once set up, and we then say it was because the organ was already predisposed; but it was, in fact, already in a state of disease, and therefore that must vitiate the evidence of specificity of the external cause, such as a medicine being proved. The following quotation from Henle* will set this matter in a clear light:

"We ascribe a bilious constitution and predisposition to hepatic diseases to an individual whose complexion is yellow, bowels torpid, and temper gloomy; and in so doing we mean to imply that in such a person a hepatic disease would be excited by much slighter causes than would be otherwise necessary. But, in fact, these symptoms of predisposition are already symptoms of disease, though certainly unimportant in degree; the liver falls under the disease the more easily because it is already in a state of disease, and from slighter causes because a certain quantum of causes have been already in operation before. When a disease leaves behind a predisposition to the same disease, or as it is expressed, to relapses, it is simply because the pathological change has not been completely extinguished, and still persists in slighter degree. If, thus, the predisposing affection is itself disease, we

* *Rationelle Pathologie*, p. 132.

cannot draw the line between it and normal predisposition more sharply than between health and disease in general, and there must exist states which hold a middle position between them. For example, if we compare two subjects which stand at the extreme opposite limits of normal physiological oscillation in respect to the proportion of fibrine in the blood, we shall perceive that agencies hurtful by the increase or diminution of the fibrine will be more easily borne by the one than by the other. Therefore here even that which constitutes the condition of the predisposition is a beginning—a meeting half way to disease—though ever so slight in degree, and scarcely appearing to deserve the name of disease."

Thus, like everything connected with the medical sciences we have here no distinct dividing lines; health and disease, normal and abnormal predisposing causes, shade off insensibly into each other in the same manner as the contingent and absolute effects of medicines. But their bearing on the correct appreciation of the specific physiological action of medicines is no less real and tangible though more difficult to appreciate. The homœopathic school have all along paid great attention to this subject, and among their literature we find a paper by Dr. Hoppe, of Basel, on the bearing of dormant disease on physiological proving, which claims our notice. But as the subject is too extensive to be dealt with in the space at command in this number, we must defer entering on it at present.

(*To be continued.*)

ON THE DOSE.*

By Dr. Hirsch, of Prague.

(*Continued from Vol. XXV, p.* 623.)

Opium.

In the annals of medicine no remedial agent has attained such a celebrity as *Opium*, a celebrity to which Homer and

* From the *Allg. Hom. Zeitung*, Bd. 73 and 74.

Pliny have contributed. *Opium* counts its admirers in the allopathic ranks by millions. I can hardly imagine an allopathic doctor without his *Morphia,* and I wonder the idea has never occurred to these gentlemen to carry in their pockets printed prescriptions of *Morphia,* which would save them much time and trouble, as they are so constantly in the habit of prescribing it. In 1566 the employment of *Antimony* and its preparations was forbidden to physicians in Paris under the severest penalties, as it was known to be a highly dangerous drug, and this prohibition was maintained in force for full a hundred years. What indescribable perplexity the allopathic doctors would be in were they to be deprived of *Opium,* their incomparable remedy, which does just as much harm as ever *Antimony* could do. There is, however, this remarkable difference between the two; that whereas *Opium* produces at first an apparent amelioration which deceives the patient and blinds him to the subsequent bad effects of the drug, *Antimony,* on the contrary, when given in large doses at once gives rise to alarming symptoms.

The results recorded by the numerous allopathic observers respecting the action of *Opium* are neither very interesting nor instructive. They merely show how little is to be obtained in the proving of medicines by the exhibition of dissimilar preparations and of excessively large doses. In fact, nothing but confusion can arise from this practice. As respects the preparations we know that the various preparations of *Opium* must differ infinitely in their modes of action according to the method of preparing them, and the different substances mixed with them. Thus, for example, the watery *Extracts of Opium* which are so variously made according to the different pharmacopœias; the *tinctura opii simplex* which, for the most part, is anything but simplex, for according to the Hamburg, Swedish, and many other pharmacopœias, *Cinnamon* or *Saffron* is added to it, and yet notwithstanding the admixture of their not inactive substances, it is called *tinctura opii simplex.* In course of time chemistry succeeded in extracting one of the most important constituents from *Opium,* which, under the name of *Morphia,* plays such an important part in

allopathic practice. To render it more soluble, and therefore quicker in its action, it was combined with *Acetic Acid.* The unusual and enthusiastic reception this new preparation, called *Acetate of Morphia,* met with from the very first is sufficiently well known to us. Magendie was one of its warmest admirers; he professed to find in it all the advantages without any of the inconveniences of *Opium.* He asserts that *Acetate of morphia* causes neither dryness of the mouth, nor thirst, nor derangements of the digestion, nor yet the confused head, nor the general feeling of illness so common after *Opium.* The sleep produced by *Morphia,* according to Magendie, is quiet and refreshing, and the patient feels well and cheerful when he awakes; the pains go off and return no more, so says Magendie; but he says nothing about the defective nutrition, the loss of muscular power, the diminished mental faculties, and the complete dilapidation of the patient which occur after using even moderate doses of *Morphia.*

I have just alluded to the bad effects of *Morphia* on the nutrition of the body, and I find that I am directly opposed in this assertion to the views of one of our renowned physicians. I allude to Hamernik, who, at a consultation I had with him, at which he advised the employment of *Morphia* in a case of bronchial catarrh, expressed his astonishment that Homœopathists had such an objection to give preparations of *Morphia,* for, he said, *Opium* is a nutritious substance. Now, not to mention that the infinitesimal quantity of nutritive matter contained in *Opium* is altogether eliminated in *Morphia,* I imagine I can prescribe a more suitable kind of food for my patients. I grant that a person affected with cough may obtain momentary relief from the administration of *Morphia;* but this palliative treatment has a tendency to impede rather than promote the desirable consummation, as every one is aware who is conversant with the physiological effects of *Opium,* and as experience sufficiently shows. But the Allopaths with their usual modesty are quite content with *apparent ameliorations* and *apparent cures;* they trouble themselves but little about disagreeable after effects, and are little disposed

to trace any connexion betwixt them and the medicine administered. But I am in a position to prove such a connexion, as the two following cases will show:

Mr. L. L—, merchant, æt. about 60, tall and thin, had, in his youth, lived a rather irregular life; the consequence of which was that he had increased irritability and morbid sensitiveness, and a disposition to neuralgic affections. Thus he frequently suffered from pains in the head and face, which, however, always yielded rapidly to homœopathic remedies. One day he called on me, and informed me piteously that for two days he had been very suffering, for whenever he made water he had a very violent indescribable pain in the glans penis—not in the urethra. A careful examination showed nothing abnormal in the seat of the pain, and I was consequently obliged to set down the affection as a neuralgia of the nervus dorsalis penis.

Though the diagnosis was easy the cure was difficult. Two medicines which had this symptom in a marked manner, *Aconite* and *Anacardium*, I had given already in higher and lower dilutions, in frequent and rare repetitions; and yet no satisfactory result had been obtained after the expiry of several days. The impatience of the irritable patient increased from day to day, and so it happened that after a fortnight's treatment, when he remained away a longer time than usual, I guessed he had given me up altogether. About a week after his last visit to me he called on me with a cheerful expression of countenance, and informed me that he was now quite free from his complaint, but I would excuse him for calling in an allopathic doctor, as he found the disease was not relieved by my treatment. His new doctor had given him a powder which had soon given him the desired relief. Wishing to do me a good turn he had come to show me the prescription, but before he did so I named the remedy prescribed to him, and so in fact the prescription ran—*Acet. Morphii*, gr. j, *Sacch. alb.* ℈ij; M. exacte, div. in dos. æq. No. 8.

Mr. L— was astonished, and asked me why *I* had not prescribed the same medicine, on which I replied that we homœopaths had little confidence in such cures, as they

were generally only of a palliative character, and had a bad effect on the general system. A week afterwards I observed Mr. L—'s name in the list of deaths. This sudden death of my former patient roused my interest, and I endeavoured to obtain further particulars respecting it. I learned that the very day of his death he had seemed quite well, only complaining somewhat of giddiness before dinner. After he had eaten his dinner he lay down on the sofa as usual for a nap. His household, alarmed at the long duration of his siesta, went into his room two hours later, and found, to their horror, that he was already a corpse. No doubt a sudden attack of nervous apoplexy had carried him off. I cannot help thinking that there was some causal connexion between the eight *Morphia* powders and the sudden fatal issue.

Another case, in many respects similar to the above, fell under my observation some years ago. The subject was a man of sixty-four, but still strong and hearty. A very painful affection of his right shoulder-joint compelled him to seek my medical aid, but I must candidly confess that I was not very pleased with this mark of confidence, as the patient's mode of life was well known to me. He was much addicted to the use of spirituous liquors, and had already had some serious illnesses, which had given much trouble to both homœopathic and allopathic practitioners, and it had been a very difficult matter to induce the patient to adopt a rational system of diet. Both priests and doctors know the difficulty of overcoming such propensities. Though I despaired of doing any good I felt obliged to undertake the case. I tried to impress on him the absolute necessity of a suitable diet and regimen, and prescribed, as a preliminary medicine, *Bryonia* 6 several times a day, which seemed to be indicated by the state of his abdominal functions.

After three or four days the patient said he was somewhat better, but he was not certainly so much so as to allow him to dispense with the strict diet prescribed. Three days later his abdominal symptoms were still further improved, but the pain in the shoulder-joint was very little improved, so I now prescribed *Bryonia* and *Merc. sol.* in alternation;

three days later the patient went back to Allopathy. This fact he communicated to me in a triumphant sort of manner, assuring me that the very first allopathic powder he swallowed took away his pain, and he was able to sleep quietly all night; but what he particularly dwelt on with satisfaction was that he had been advised to make no alteration in his usual diet. The prescription, as might readily have been guessed, was *Morphia*. Some time afterwards one of his friends told me that the pain in the shoulder-joint had disappeared, but that now he was confined to bed with great derangement of the digestive organs, attacks of cardialgia, and frequent vomiting. It was afterwards announced that the patient was suffering from carcinoma of the stomach, and in three months he was carried to his grave. My colleagues may judge if this case does not bear out the views I formerly expressed.

The true practitioner of Homœopathy, who never thinks of seeking the patient's favour by sham cures and sham amendments, contents himself with the simple *Tincture of Opium*, a preparation which, by reason of its simplicity, is certain always to produce the same results, which when accurately considered in their connexion are capable of throwing much light on the relations of this drug to the healthy and diseased organism. Thus we find that *Opium* exercises its direct and scientific action chiefly on the three central parts of the internal nervous system, the brain, spinal cord, and solar plexus. The mode of this action upon the healthy organism seems to be solely dependent on the individual irritability of the nervous fibres and the magnitude of the dose given. The chief tendency of *Opium* is an unmistakably depressing, or even paralysing action on all the nervous centres, but after the first attack a greater or less reaction is roused up, the organism puts itself in an attitude of defence towards the hostile attack, the nervous life is brought into a state of excitement. It is only after repeated attacks that the nervous power, exhausted by its prolonged effort, at last gradually succumbs, not less certainly than when by a too powerful attack the power of reaction of the nervous life is unable to resist at all. Thus

we observe, after a long-continued use of *Opium*, as well as by the administration of a very large dose, the death of the nervous life is induced, gradually in the former case, rapidly in the latter. This seems clearly to be the state of the case in respect of the general effects of this drug on the healthy organism, and if we bear this in mind we shall be able to unravel the manifold apparent contradictions which we encounter on examining the effects of *Opium*. We shall now proceed to a more detailed examination of the special effects of this drug on the various nervous centres, whereby on the one hand a clearer light will be shed on many a morbid picture, and on the other the specific curative power of *Opium* will be scientifically elucidated, and, I believe, perhaps also established.

The elucidation of the effects of *Opium* on the cerebro-spinal system demands a separate consideration of their relation to the *organs of sense* and the *psychical manifestations*. The effects of this drug on the organs of sense in general, when given in small doses adapted to the individual susceptibility of the nervous system, and not too frequently repeated, consist in a state of more or less considerable excitation of these organs, together with increased flow of blood to them. Larger doses frequently repeated, or a proportionately too large dose, cause paralytic obtuseness or even actual paralysis. Thus, in the case of the organ of vision, we observe the eye first sparkling red, as if inflamed, the pupil contracted; but *Opium*, under the conditions mentioned above, can cause a state the exact opposite of this excited one, in which the eyes appear glassy, immovable, like those of a dying person, the pupils dilated and without contractility, in which the patient stares at those about him without knowing what takes place, without recognising them; in which also dimness of vision and blackness before the eyes, and at length complete blindness ensues.

As regards the sense of touch, a similar action may be shown to occur so far as that a state of excitement is followed by a paralytic depression. The often painful prickling itching over the whole body, with erysipelatous redness of the skin, burning and elevation of

the cuticle in the form of pustules, pimples, wheals, the appearance of small red itching spots, the subsequent desquamation of the epidermis; all this speaks plainly for the irritated state of the cutaneous organ, whilst the pale, often bluish skin, the blue spots appearing here and there, the dropsical swelling and insensibility of the skin, the diminished or extinguished activity of its numerous peripheral nervous extremities and capillaries—all these prove that such is the case. The same is the case with the other organs of sense, as they also are affected by the action of the anomalous rush of blood, which within certain limits promotes nervous excitement, but on passing these limits is capable of producing the opposite effect. We have here adduced as the effects of *Opium* some abnormal conditions of the organs of sense, which refer solely to a plus or minus of their functions, consequently, so to speak, to the quantity of the sensual power. But on looking through the list of symptoms of *Opium* we find also certain anomalies of the senses which seem to point to a qualitative aberration of their functions. However, if we narrowly examine these we shall find that these qualitative functional anomalies do not proceed from the organs of sense themselves, because there is no question of a particular external object of sensual perception. When, for example, in the sleep caused by *Opium*, while the eyes are shut, skeletons, dragons, and horrible faces are seen; this proves that in the central fibres of the brain memories and fancies are roused, and the pictures belonging to them are produced on the retina of the eye. In this way we become aware that the organs of the senses may be occupied in a twofold manner, viz. in a *centripetal* and in a *centrifugal* direction. In the former case the object seen is taken from the external world, whereas, in the latter, it appears as a product of psychical activity; and yet it cannot be denied that occasionally anomalies of the sensual functions occur solely dependent on morbid material alterations in the affected apparatus of sense. This fact must be carefully borne in mind and appreciated by the rational practitioner, otherwise he will be apt to seize upon the wrong points as therapeutic indi-

cations. Thus, for instance, a humming and roaring in the ears with hardness of hearing may depend on an excited state of the central nerves caused by imagination; but, on the other hand, these anomalies of hearing may be owing to increased secretion in the mucous membrane of the external and internal auditory passages, and to ascertain which of these is the case is of great importance for the choice of the medicine.

Great is the effect that *Opium* is capable of producing on the *mind and sensorial functions.* If the opium-eater is at first joyous, sings jovial songs, laughs and plays pranks, and soon afterwards becomes irascible and uncontrollable, then falls into sadness, and at length into deep sleep, we find in this picture of symptoms, most clearly depicted, the action of *Opium*, beginning with excitation of the mind and ending with depression; anxiety, fear, tendency to start, form the transition stage. Excitation first, followed by depression, appear to be the chief incidents in the action of *Opium* on the sensorial functions, still, as is the case in the action of *Opium* in general, so here sometimes the individual constitution, sometimes the size of the dose, exercise a marked influence on the more or less quick succession of these opposite symptoms; sometimes, indeed, they allow the stage of reaction, the excitation, to reappear. In much the greater number of cases we first observe a hurried march of ideas, a regular rush of ideas, often of a cheerful character, as the product of the increased mental functions; though at first pleasant and charming fancies soon give place to the most diverse terrible and frightful pictures of the imagination, in which the most hideous figures of men and beasts appear. The imaginative faculty is so vivid as to lead the patient to try to ward off these spectres; but the impressions do not last long, the faculty of memory becomes gradually less and less powerful, and at length ends in complete loss of memory. The power of the will is perpetually wavering, but with the constantly increasing obtuseness of the mind it at length becomes much broken.

Under the influence of *Opium* the *spinal cord* undergoes important alterations in its functions, in which both its

scientifically. Thereby, on the one hand, a profounder knowledge of the effects of medicines will be attainable, their peculiar meaning and connexion ascertainable, and, on the other hand, complete proof furnished to men of science of its having attained its majority. Why, then, should not the advances of anatomy and physiology and the collateral sciences be utilised by us to the utmost, seeing that we alone possess a knowledge of the profounder effects of medicines, and cannot content ourselves with knowing, *e. g.* of *Opium*, that it has a soothing, stupifying, soporific, pain-destroying action? Let us, undeterred by the trouble, march courageously along the path indicated, even though at first we occasionally meet with many difficulties and obstacles, and now and then a satisfactory scientific explanation cannot be given of some peculiarity in a medicinal symptom. We may confidently trust that the solution of the problem will be accomplished in process of time.

We have now to examine more minutely the effects of *Opium* on the ganglionic system, whereby we shall find that all the functions of this nervous domain under the influence of the primary action of this drug undergo a more or less perceptible exaltation, just as an increased excitation is observed in almost all nerves as soon as they are threatened with a decrease of vital activity. A cursory glance at some of the chief functions of vegetative life shows us, among other things, in the digestive organs, at first an increased desire for food and drink, which soon shows a change, for on attempting to satisfy this desire positive dislike to food sets in, until at length the momentary desire changes into complete anorexia, with disgust at every kind of solid and fluid nutriment, whilst at the same time many objective reflex movements, such as eructation, retching, and even actual vomiting, sometimes even of fæces, and likewise convulsions make their appearance. There also occur painful sensations of the most violent kind in the stomach and bowels, which, however, in some cases are due to the sensitive spinal nerves. Probably future investigations will show the part played by the nervus vagus in so many of the morbid phenomena and sensations of the abdominal

organs. Diminution of the excretory function of the intestinal canal is undeniably one of the primary effects of *Opium*, the original cause of which is to be found in the abnormally altered motor relations of the muscular fibres of the bowels, whereby the circularly disposed fibres obtain the supremacy over the longitudinally disposed. To the irregularly increased activity of the circular fibres is also to be ascribed that partial contraction of the diameter, and more or less important contractions of the bowels take place, as a consequence of which the motions pass in the form of small hard knots or balls. This marked loss of equilibrium between circular and longitudinal fibres produces much disturbance in the peristaltic movements of the bowels, on the one hand causing inactivity and delay of the evacuation, and on the other causing increased development and accumulation of flatulence, and therewith general or partial distension of the abdomen, and even also the formation of hernias and the strangulation of those already present. Partial constriction of the bowel and the reflex phenomena in the form of anti-peristaltic movements of the alimentary canal caused by the complete hindrance to the further passage of solid and gaseous contents, are capable of producing vomiting of fæces. In the rare cases in which increased evacuations are observed among the primary effects of *Opium*, the transient general increase of the activity of the intestinal canal, and especially of its peristaltic movements may be regarded as the cause of the phenomena.

The effect of *Opium* under certain circumstances, already alluded to of depressing and even paralysing the activity of the abdominal ganglia and of the whole ganglionic system, shows itself in the stomach by marked weakness of digestion and insensibility to emetics, in the bowels by involuntary evacuations. Analogous is the effect of *Opium* on the bladder, in regard to which, however, it is rather the spinal chord (third or fourth sacral nerves) that is affected, and similar also is the action on the genital organs, in which the lumbar portion of the sympathetic nerve and the hypogastric plexus are involved. The action of *Opium* on the organs of respiration and circulation is very characteristic.

Here also the abnormal phenomena show excitation followed by depression. In consequence of the intimate connexion of the sympathetic nerve with the other portions of the ganglionic system, as also with cerebral nerves and especially the vagus, it cannot be doubted that it performs an important part in the act of respiration, and this will be manifest in a form of disease we shall presently consider. But the influence that the sympathetic and the connected ganglia exercise on the vascular system is a very important one, indeed, according to many physiological experiments, excitation of these muscular nerves diminishes the calibre of the vessels, the circulation of the blood is rendered quicker, and all the endosmosic processes are rendered slower, whilst depression of the activity of the vascular nerves causes dilatation of the vessels and partial passive over-distension with blood.

I have thought it expedient for several reasons to write more fully on the effects of *Opium* especially on the ganglionic system. The scientific elucidation of the sphere of a remedy is indispensable for the cultivators of medical science; a scientific mode of treating the medicinal effects appeals more to the intellect and renders their retention easier to the memory—not to mention that by this more clearness will be introduced into our *Materia Medica* with its confused array of primary and secondary actions. I had, besides, another object in view. I intended to speak of two forms of disease, which I have always succeeded in curing by considerably larger doses of *Opium*, when this remedy was accurately indicated, and this treatment is justified by this, that (if what I have above said with respect to the effects of *Opium* be true) these diseases have their seat mainly in the ganglionic system. The diseases I refer to are—*Cholera asphyctica* and *Colica flatulenta*. The former by its very rapid course frequently exposes the patient to the greatest peril. If we carefully examine this disease in its objective and subjective morbid phenomena, we cannot fail to perceive that, in spite of its tempestuous and precipitated course, it goes through two stages, viz. a stage of excitation and reaction, when the organism is energetically

defending itself against the hostile attack on the ganglionic system; and the stage of depression, of approaching paralysis, when the body shows always more and more clearly its impotence to resist the destructive influence of the disease, till, at length, it completely succumbs. The phenomena of cholera, in general, show the sympathetic and whole ganglionic systems to be profoundly involved; whilst, in cholera asphyctica it is particularly the solar ganglion (cerebrum abdominale), the central organ of the vascular nerves, that is the chief point of attack. By the connexion of this central abdominal plexus with the spinal nerves, and the rapid centripetal conduction of its peripheral nervous impressions to the medulla oblongata, the chief regulator of the respiratory and cardiac movements, the consequence of this hostile attack must affect the very existence of the organism. Moreover, the close connexion of the solar plexus with the nervus vagus, and the important influence of the latter on the heart and lungs must not be overlooked.

I had frequent opportunities in Prague, during the cholera epidemic of 1836, to observe asphyctic cholera in its earliest period as well as at its height. In consequence of the excessive labour I underwent on that occasion, and especially of the frequent night watching I had to undergo, I had a similar attack myself. Thus I am enabled to present a very faithful picture of this morbid process with its objective and subjective symptoms.

The asphyctic cholera frequently burst out quite suddenly and unexpectedly, after the patient had happily passed through, some hours previously, a more or less severe attack of cholerine or even of cholera, and this was the case with myself. I had already passed four almost sleepless nights at the bedsides of different patients. On the fifth night I was able to get home by 10 o'clock, hoping to refresh myself by several hours of sleep, but I had scarcely slept two hours when the unwelcome sound of my door-bell disturbed me, and in a few minutes the despairing wife of an artist stood at my bedside, and besought me earnestly to come and see her husband, who had been suddenly seized

with cholera. In spite of my assurance that I was quite exhausted by my previous exertions, and notwithstanding my advice to send for another homœopathic practitioner in the mean time, she continued to urge me so imploringly that I was forced to yield to her entreaties. Hardly had I begun to dress when I was suddenly seized with a peculiar cold sensation in the hypochondria. The sensation was as though a lump of ice lay there, and at the same instant it seemed to me as if my whole bowels melted away, and immediately afterwards I had a copious, thin, brownish liquid evacuation. I was compelled to go to bed again, but I had hardly been there a few minutes and directed my servant to get me another blanket and bring me some medicine in a glass, when I had another more copious and watery evacuation. I had a slight shivering fit; rolled myself up in blankets and took a dose of the medicine. Entirely occupied with my own illness I quite forgot the lady, who came from behind the screen and begged me to tell her what she should do. I gave her the phial of medicine from which I had taken a few drops and told her how to proceed. She went away, and some days afterwards I learnt that the medicine I had given her had had the desired effect. The same medicine taken by me at intervals of half an hour, together with the application to the abdomen of a bag filled with roasted oatmeal, was of great service to me, as I soon fell into a copious sweat, on the occurrence of which all my morbid symptoms disappeared. The medicine was *Veratrum* 3, and I confess that for the symptoms present *Phosphoric Acid* would have been more suitable, but *Veratrum* had already proved so useful during the epidemic in so many cases of cholera and cholerine, that my faith in this remedy was unbounded. The following morning I was visited by my friend and colleague, the late Dr. Schaller, who had accidentally heard of my illness. He congratulated me on the happy and rapid relief of my attack, whereupon I told him that he should wait twenty-four hours before congratulating me. I reminded him of two cases where we had met in consultation, in which several hours after the apparent cure of the cholerine, asphyctic cholera had sud-

denly set in, the cure of which had been attended with great difficulty. With his accustomed cheerfulness he endeavoured to allay my apprehensions, and promised to see me in the evening. During the day I felt pretty well, with the exception of some weakness; I frequently partook of soup, took my medicine every two hours, and endeavoured to keep myself in moderate perspiration. About 6 p.m. a disagreeable sensation of constriction in the scrobiculus cordis and of pressure in the chest with indescribable anxiety came on gradually; it had a peculiar effect on my breathing, which became laboured. It seemed to me as if my lungs would not expand properly and could not take in enough air, and speaking became an effort. I could not remain quiet in bed, threw myself from side to side, and only experienced a momentary relief from sitting up. I now felt it necessary to take the *Veratrum* at intervals of a quarter of an hour. The tightness and oppressive rising upwards from the pit of the stomach increased from minute to minute, as also the difficulty and shortness of breathing, and the indescribable tormenting feeling of internal uneasiness and anxiety. The frequency of the pulse was increased by twenty beats above its usual velocity, but its strength was considerably diminished. When, in addition to these symptoms, I felt a formication in the finger-tips and observed a bluish discoloration of the nails, I begged the medical student who was kind enough to nurse me to fetch me from the next room a phial of *Tinctura Opii*, of which I took five drops on a piece of sugar. A few minutes after taking this I felt a sensible alleviation of the oppression in the pit of the stomach; I could also breathe more deeply, the indescribable feeling of anxiety was much relieved. But in spite of this improvement I deemed it best to take another similar dose a quarter of an hour afterwards. I had just swallowed it when Dr. Schaller came in. He was no stranger to this treatment; he had already had occasion to see the advantage of it in two other cases. During his visit, which lasted half an hour, the amelioration progressed; the chest became free, the anxiety in the pit of the stomach entirely departed, and the nails, which were still bluish

when he first came in, resumed their natural colour. That night I slept pretty well; I was as well as could be wished next day, and in two days more I was able to leave my bed.

Cases similar to this occurred in my practice repeatedly during that epidemic, as also in the epidemic of last year, and whenever disturbances in the circulation and respiration, in consequence of the violent and sudden implication of the solar plexus, occurred, and cyanosis, the precursor of suffocation, set in, I could always reckon with certainty on *Opium*, given in the above manner, affording rapid relief. It was never necessary to give this remedy oftener than three times, at intervals of a quarter of an hour, and, as a rule, twice was sufficient to remove this frightful state. Two reasons may be alleged in justification of such large doses of *Opium*. In the first place, experience teaches us, as I have often remarked, that diseases whose seat is in the ganglionic system, as a rule, require larger doses of medicine; and, in the second place, it should not be lost sight of that, according to the homœopathic principle, we shall only find *Opium* indicated, as far as the ganglionic system is concerned, in those cases in which the general character as well as the particular details of the effects of *Opium* correspond accurately to the morbid picture present. If this is the case, then we must not leave unheeded that peculiarity of *Opium* which consists in a strikingly diminished sensitiveness to medicinal stimuli. This will lead us to recognise the necessity of giving *Opium* in stronger doses in maladies of the ganglionic system. This mode of viewing the subject will give us the key to the fact so important for homœopathy and inexplicable in any other manner, that in such cases no curative action is attainable by smaller doses of *Opium*.

Another form of disease affecting the ganglionic system in which the same kind of treatment is required is *Colica flatulenta*. Supported by a large experience I can declare with confidence that, under certain circumstances which I shall presently mention, two or three strong doses of *Tincture of Opium* will effect a rapid cure, and that in many

very serious cases this medicine must be regarded as the indispensable sacra anchora. I had previously seen two cases in which, in spite of the greatest pains of a much-esteemed homœopathic colleague, the patients had felt it necessary to place themselves under allopathic treatment, and were received with jubilation in the enemy's camp. It may be imagined these cases did no good to homœopathy.

Colica flatulenta is a term in which are named at once the kind of disease and its most apparent cause. It may be permitted to me to give my views respecting both at some length. Just as on the one hand we acknowledge flatulence to be the immediate exciting cause of the colic, so on the other hand we are justified in asserting that it is not the quantity so much as the quality of the accumulated gas that constitutes this exciting cause of the disease. Another seemingly doubtful fact is that this abnormal constitution of the gas in the intestinal canal causes the colic pain not directly but indirectly. An improper mode of living or other injurious conduct, either forced on men by the requirements of business or voluntarily adopted, often act so injuriously on the digestive organs as to cause a marked torpor and retardation of their functions, when even that whip to the stomach, coffee, fails to produce any effect. The digestive process, which in the normal state goes on unfelt and unnoticed, becomes, in consequence of this retardation of the chemico-vital process of digestion, combined with many difficulties, among which flatulence to an immense extent is one of the most important. Now, if a considerable development of flatulence in the bowels were sufficient by its mere quantity to cause attacks by colic that flatulent colic would be one of the monuments of disease; but fortunately such is not the case, for it is by its quality alone, by the peculiar alteration in its composition, that it is able to act as a morbific irritant. Under the most normal circumstances gases are found in the intestinal canal, such as nitrogen, carbonic acid, and hydrogen. The physiological observation that these gases differ in composition in different parts of the intestinal canal is of great interest. Thus in the stomach are found traces of oxygen

which are quite lost in the further course of the alimentary tract, whilst carbonic acid occurs in the small intestines in greater proportion the further off they are from the stomach; and, lastly, in the large intestines we find only nitrogen and hydrogen. As long as these gases occur in the various portions of the bowels in their normal order they will not act as morbific irritants, unless by their excessive accumulation they cause extreme distension of the bowels, as in tympanitis, when they mechanically give rise to various symptoms. But if from any cause their normal composition becomes altered, as for instance when the hydrogen is transformed into sulphuretted hydrogen or carburetted hydrogen, then they become morbific irritants because they affect the ganglionic system in its motor as well as sensitive functions. In as far as the disturbances in the motorial relations of the muscular fibres of the intestinal canal occur as the precursors of colic, the latter must be regarded as the indirect consequence of flatulence. The peculiar function of the ganglionic system consists in the production of motion. The propagation of the blood-wave, the action of the lymphatic system, the contractility of those muscular fibres not subject to our will, are to be regarded as the motor phenomena of the ganglionic system. Thus we find the morbid picture of flatulent colic proceed from peculiar abnormal penistaltic motion of the intestinal canal. As a consequence of an abnormal irritation affecting the muscular layer of the bowel there occurs a predominant contraction of the circular fibres which causes an obstacle to the further progress of the gaseous and solid contents of the bowel, develops reflex phenomena of a peculiar and painful kind in the sensitive fibres of the ganglionic nerves. Now, as in conformity with the observation previously made, that diseases of the ganglionic system, as a rule, demand for their removal larger doses of medicine, and, further, that in those affections of the ganglionic nerves whose symptoms require the employment of *Opium*, a peculiarity of which is to cause a great degree of insensibility to medicinal stimuli, we must in cases of flatulent colic in which *Opium*

is indicated have recourse to more massive doses of this medicine.

I need hardly observe that I allude here solely to *Opium* itself, and not to its alkaloid *Morphine,* which is only a fragmentary portion of *Opium* and possesses only a part of its medicinal power—namely, the property of causing narcosis. And here I may incidentally ask if it may not be allowable for the homœopathic practitioner, in cases of severe and painful disease, when a fatal termination must with certainty be predicted, to procure alleviation of the pain and a tranquil termination of the patient's life by making use of this narcotic property of *Morphine.* Apropos to this subject I may relate a case that occurred in my own practice twenty years ago.

An old woman of 86, presenting the appearance of a dried-up mummy, complained at my first visit of an excessively violent constant pain in the great toe of the left foot. On examining the affected toe I observed that the nail was of a blackish-blue colour, and the surrounding parts of a darker blue and wrinkled. A needle pushed deeply into the part without her knowledge caused no pain, so there was no room to doubt that this was a case of gangræna senilis. As the patient was horrified with the appearance of her toe I comforted her with the suggestion that it might be caused by the effusion of blood in consequence of a bruise or other mechanical injury. Considering the patient's age and the great depression of her vital powers, I was convinced that I could not arrest the progress of the disease, so in order to mask it I prescribed an ointment made of fat and powdered charcoal as black as possible. I gave her the best indicated homœopathic medicines in high and low dilutions, but, as might be expected, without any good result. The pains remained as before, the affected toe shrivelled more and more, and the gangrene spread higher and higher. On the fifth day, when the poor patient in her agony besought me to give her something to ease her, all the toes being already involved, and the metatarsus also having begun to assume a dark colour, I resolved, though unwillingly, to prescribe some

doses of *Morphia*. Hardly had an hour elapsed after the first dose when the patient fell into a quiet sleep, which lasted three hours. She awoke almost free from pain, and regretted that this excellent medicine had not been given her sooner. This apparent amelioration, however, did not last long. In a few hours the pains gradually returned to such a degree that the attendants deemed it advisable to administer a second dose. As might be supposed the dose of *Morphia* had to be repeated at even shorter intervals, and it became necessary to increase the strength of the dose. Still the object was attained, and the doomed patient passed the last two days of her life in a state of almost constant torpor, and mostly free from the tortures of pain.

During thirty-six years of practice it has only happened to me twice to have been compelled to resort to this treatment in the case of dying patients, and on each occasion I believe I acted in accordance with the dictates of humanity. I need scarcely add that I did not resort to the use of *Morphia* until I had first tried to obtain an alleviation of the sufferings by the homœopathic remedies corresponding best to the symptoms, nor until I found that there was absolutely no hope of prolonging the patient's existence did I consider it to be my duty to do my best to render his last moments less painful. And it is under such circumstances that I think every humane homœopathic physician is justified in availing himself of the narcotic property of *Morphia*.

(*To be continued.*)

REVIEWS.

The Application of the Principles and Practice of Medicine to Obstetrics, and the Disorders peculiar to Women and Young Children. By HENRY GUERNSEY, M.D., Professor of Obstetrics and Diseases of Women and Children in the Homœopathic Medical College of Pennsylvania. Philadelphia: Boericke; London: H. Turner and Co., pp. 747.

THIS volume is another of the series of elaborate medical works which are coming to us from our transatlantic brethren. Homœopathy enjoys in America a position very different from that which it occupies here. Its chartered colleges, invested with the power of granting diplomas, give it the status of a distinct school of medicine. In this country we let our sons pass through their necessary studies at the ordinary colleges and hospitals; and Homœopathy only comes in at a later period to crown the edifice by its therapeutic teaching. But across the sea no such intercourse with the Gentiles is necessary. The destined practitioner of Homœopathy is encircled from the beginning with its influence. It is mingled with all his intellectual food and drink, and pervades the atmosphere which his mind is breathing. He learns his anatomy from Homœopathic lips; he picks up his out-patient practice at a Homœopathic dispensary; and he receives his M.D. from a Homœopathic Board of Examiners.

Into the relative merits of the two plans we do not propose here to enter, though we have a pretty strong opinion upon the question. But this we hold certain that, as the colleges, so must be the text-books. Our medical students have their Watson and Aitken. From these they learn all that is known about the history, the symptoms, the diagnosis,

the nature, and the prognosis of diseases; and also the results hitherto obtained in their treatment on old school principles. We are content that they should thus learn what is so necessary for them to know, and then bring to bear upon the knowledge thus obtained the modifications in prognosis and treatment introduced by Homœopathy. But if your student is to be kept from all extraneous influences, you must not give him Allopathic text-books; and you must supply him from your own school with corresponding treatises adapted to his wants, and if possible not inferior to those which his fellows at the rival colleges are using.

To this end the professors and medical writers among the Homœopathic ranks of America have of late been sedulously working. First we had Dr. Hempel's elaborate work on *Materia Medica;* then the treatise on the *Theory and Practice of Medicine,* by Drs. Marcy and Hunt. Dr. Franklin is now issuing his work *On Surgery,* and the present volume of Dr. Guernsey *On Obstetrics* completes the Homœopathic student's library—so far, that is, as it needs to be Homœopathic. It is surely unnecessary that the writers from whom he learns his anatomy and physiology, his chemistry and botany, should be such as hold correct opinions on therapeutics.

We must begin by saying that Dr. Guernsey's book is, as to its exterior, everything that could be desired. One is so accustomed to the bad paper and slovenly printing of American works that such handsome volumes as Gross's *Comparative Materia Medica,* and the one now before us, are pleasant surprises.

The work begins, as is most fitting, with the anatomy and physiology of the subject. We have glanced through the account given of the structure of the pelvis and its contents, and it seems readable and instructive. We are not quite so well satisfied with the results of the more minute survey we have made of the author's account of ovario-uterine physiology. We pass over such solecisms as the use of spermatozoa as singular—"a single spermatozoa"—and such fancies as that "the three constituent elements of the semen correspond to the body, soul, and spirit, and the

semen is thus seen to be in each perfect globule a miniature man!" But we must protest against the account given, *ex cathedrâ*, of the process of impregnation. It is strange enough to read of "the seminal aura;" but stranger still when we are told that this mysterious influence arises from the semen deposited in the vagina, and "entering certain ducts specially arranged for that purpose, passes up through the walls of the uterus, out through the ovarian ligament to the ovary." A plate is even given to illustrate this utterly imaginary statement; and no reference is made to the received doctrine of modern physiology on the subject, viz. that the spermatozoa constitute the fecundating principle —the sperm-cell; that they are conducted through the uterus up the Fallopian tubes by the ciliæ, which accordingly wave in that direction; and that, arrived at the ovary, they penetrate one or more ova, and become amalgamated with their contents. Dr. Guernsey states in his preface that he is indebted to the "assistance of his friend and colleague, J. H. P. Frost, M.D., in preparing the *physiological parts*, descriptions of diseases, &c." The above is perhaps one of the said Dr. Frost's vagaries; but we must not the less hold Dr. Guernsey responsible for its appearance in his book. With this exception, however, the account of the ovario-uterine functions is good; and the proper stress is laid on the supreme importance of the ovaries in the sexual sphere.

Before entering upon the great subjects of pregnancy and parturition, Dr. Guernsey discusses the disorders, structural and functional, of the female organs of generation. The classification and description of these diseases are very fairly executed, and afford no point for comment. The directions for treatment, however, are of a novel character, and the principles on which they are based deserve exposition and consideration.

Homœopathic writers in general, when discoursing on the medicinal treatment of a disease, proceed much in this way. They set down all the drugs which are known to produce morbid conditions similar to that in question. They then mention the differences of these drugs betwixt themselves;

and point out (if possible) the correspondence between these differences and the varieties of the idiopathic disease. Lastly, they state what results experience has obtained with the medicines thus indicated, and whether it has added any others to the list.

This would seem to be a very faithful carrying out of the rule, "let likes be treated by likes." But Professor Guernsey, who belongs to the so-called Hahnemannian school, adopts a very different course. If we look down the list of his remedies for any common form of disease, we shall find nearly all the well-known names in the Materia Medica. Thus he says of uterine displacements, "there is scarcely any remedy in the whole Materia Medica which may not be found useful" in them; and he actually gives the indications for forty-seven drugs. When we examine these indications themselves, they seem of a singularly irrelevant and often trivial nature. Thus, *Calcarea phosphorica* is called for "when every cold causes rheumatic pains in the joints and in various parts of the body. This is a positive indication, and when this occurs, the exhibition of *Calc. phos.* will at once remove the rheumatic affections, and prevent the reappearance of the uterine displacement." *Staphysagria* is the best medicine "when the teeth ache much, and have black streaks running through them," and so on. For menorrhagia we have no less than seventy-four remedies, each distinguished by some such indications as the above. Dr. Guernsey appears to have foreseen our astonishment at this procedure, and has anticipated our objections in his preface. We will allow him to speak in his own words:

"The plan of treatment may seem to some rather novel, and, perhaps, on its first view, as objectionable, inasmuch as it may seem like prescribing for single symptoms; whereas such is not the case. It is only meant to state some strong characteristic symptom, which will often be found the governing symptom, and on referring to the *Symptomen codex*, all the others will surely be there if this one is. There must be a head to everything: so in symptomatology —if the most interior or peculiar, or key-note is discernible,

it will be found that all the other symptoms of the case will be also found under that remedy that gives existence to this peculiar one, if that remedy is well proven. It will be necessary, in order to prescribe efficient, to discover in every case that which characterises one remedy above another, in every combination of symptoms that exists. There is certainly that in every case of illness which pre-eminently characterises that case, or causes it to differ from every other. So in the remedy to be selected, there is or must be a combination of symptoms, a peculiar combination, characteristic, or more strikingly, key-note. Strike that and all the others are easily touched, attuned, or sounded. There is only one key-note to any piece of music, however complicated, and that note governs all the others in the various parts, no matter how many variations, trills, accompaniments, &c."*

We have already, in reviewing Dr. Gross's *Comparative Materia Medica*,† expressed our dissatisfaction with this theory of treatment. We are bound to say, however, that Dr. Guernsey supports it with one or two striking illustrations. Thus he writes:

"Our meaning will be well illustrated by the instance of the picking of the nose as an indication for *Cina* in metrorrhagia arising from the presence of worms in the intestines, —which has sometimes been known to have kept up for many months a constant stillicidium of blood from the uterus. Here we can readily see the relation between the comparatively trifling symptom of picking of the nose and the irritation of the bowel caused by the ascarides and the consequent uterine irritation and hæmorrhage. The fact that in many cases it is impossible to trace any physiological connexion between remote symptoms, which still seem to be characteristic, and the disorders themselves, should not therefore induce us to conclude that such connection does not exist."

Unquestionably those who do adopt this plan of pre-

* O that Americans, if they must use our language, would write it correctly, and punctuate in a less unprincipled manner!

† *Brit. Journ. of Hom.*, vol. xxv, p. 299.

scribing, and those who would like to try it in troublesome cases, cannot do better than possess themselves of this work of Dr. Guernsey's. There is all the more encouragement to put his recommendations to the test, as he promises us great things for their adoption. We are to be enabled to do without pessaries in uterine displacements; without local applications in ulceration of the cervix; and without dilatation in mechanical dysmenorrhœa. Experience must decide all this. Certainly, if Prof. Guernsey finds that his medicines enable him to dispense with all these adjuvants, he is justified in omitting their description. But we cannot commend him for utterly ignoring not only these, but the hygienic and dietetic rules which are essential to correct treatment. An enemy reading his pages would seem warranted in saying that Homœopathic practitioners thought of nothing in therapeutics but drug-giving.

The second division of Prof. Guernsey's work treats of pregnancy and parturition, in their normal and abnormal aspects. To this portion of the work we can give unqualified praise. It is quite unnecessary for the Homœopathic student to resort to any other manual from which to learn his midwifery. The directions for the management of labour, natural and morbid, are full and clear. The value of our medicines in removing some of the hindrances to safe and easy parturition is much insisted on; but drug-giving is not thrust beyond its true place to the exclusion of mechanical measures. Even one of the best established of these medicinal actions in parturition, viz. the power of *Pulsatilla* to induce spontaneous version in irregular presentations, is not made too much of; and the process of turning is well and minutely described. Much care has been given to the statement of the remedies for the multiform disorders of pregnancy; and the author's experience, though rarely expressly stated, seems to colour all his directions. We are much taken with the suggestion that, under Homœopathic after-treatment, the Cæsarean section might be far less fatal, and therefore more frequently resorted to, in preference to such questionable measures as the induction of abortion or the performance of craniotomy

on a living child. Dr. Guernsey, indeed, maintains that neither of these murderous proceedings are under any circumstances warranted. We must, moreover, especially commend the illustrations of this part of the work.

There is yet a third division of Dr. Guernsey's book,—that which treats of the diseases of children. Convenience, rather than principle, has tacked on this branch of knowledge to the obstetric chair. But Dr. Guernsey's indications for the medicines useful in these maladies form a valuable adjunct to the treatises of Hartmann and Teste. The same unbounded confidence in drugs reappears here. Of hernia in children the author writes, "By extensive observation, I am persuaded that it is never useful to apply bandages or trusses in these cases; whether the hernia be congenital or otherwise. The properly selected Homœopathic remedy is always sufficient to cure the case." We hope that Dr. Guernsey's confidences generally have better foundation than that which he expressed regarding the treatment of variola: "When the eruption is out, and the fever gone," he says, "I give a single dose of *Thuja*^{1000},—and by the time the pustules would ordinarily be filled, they will, under the influence of this remedy, be all dry and scaling off." He unfortunately omits to state whether his patients had been vaccinated or not. It need hardly be said that in subjects thus protected the phenomena in question will certainly appear, whether *Thuja*^{1000} be given or not.

On the whole, then, we think Dr. Guernsey's book well calculated to fulfil its purpose, viz. to be a text-book of obstetrics in Homœopathic colleges. It is also, in some respects, a valuable addition to our general literature.

DIPHTHERIA, *as it prevailed in the United States from* 1860 *to* 1866; *preceded by a Historical Account of its Phenomena, its* NATURE AND HOMŒOPATHIC TREATMENT. By C. NEIDHARD, M.D. New York: Radde, 1867.

THIS is by far the most complete treatise on the subject that we have met with. It is, in fact, exhaustive of all that can be said on the subject with the facts that are as yet known. We have not only a most complete account of the history of this disease, but all that is known of its pathology according to the most recent researches. Likewise an outline of allopathic treatment, and, lastly, the most complete and detailed experience of all homœopathic phyicians both in America and Europe. This is not a mere compendium made by bookmakers, but an intelligent criticism by one who has had very large experience, and who, while holding very decided opinions of his own, has weighed those of others with candour and impartiality. We cannot do better service to our fellow-practitioners than express the wish that this book should be in the hands of every one of them. We are all liable at any moment to be called into those fearful scenes where one after another nearly a whole household are attacked and carried off by this too often intractable malady, and in the hurry and pressure it is a great boon to have at hand a trustworthy book that contains *all* that is known on the subject. Besides this it contains a new remedy backed by such strong evidence in its favour that we think it right to lose no time in transferring *verbatim* to our pages the whole part which treats of it. At the same time we cannot say we have such sanguine hopes from it as those naturally entertained by the author, though we have no doubt it will take a prominent place among the remedies, and give us another resource in a disease in which our ordinary remedies are by no means faultless.

"The conclusions to which I was forced by my experiments with the various remedies thus far detailed give favorable pre-eminence to *Kali bichromic., Cantharides, Nitrate of*

Silver, and *Crotalus*. Still, since several of my malignant cases had succumbed to the disease notwithstanding active exhibition of those agents which my experience had proved to be the most efficacious, I could not help feeling that there must be some remedy of still greater affinity to the disease, both in its chemical and its dynamical relations. Such a remedy I conceive to be the *Chloride of Lime*. In the first place, in all the recorded instances the local application of *Muriatic Acid* to the membrane seemed to have exerted a decidedly beneficial effect, more than a mere mechanical effect. Of all the solvents, as has been seen above, *Lime water* was the best. Besides, upon comparing the symptoms of *Calcarea* and *Muriatic Acid* with those of diphtheria, the similarity is very striking. It is true that *Chloride of Lime* has never been proved; but in dangerous cases we have not always time to wait for such a proving. The proving of *Chlor.* by Dr. C. Hering will give us very suggestive hints—*e.g.*, "He could not swallow; fetid ulcer in the throat; malignant inflammation of the throat; the mucous membrane of the mouth and nose severely affected; immediately after taking diluted *Chlorine water* it penetrates the bronchiæ, causing a feeling of suffocation with violent cough; the attack ceases with an increased secretion of mucus."

"Dr. Elb, of Dresden, says:—'That *Chlorine* produces attacks of suffocation is a well-known fact, and that by accidental inhalation of the *Oxygenated Muriatic Acid* attacks of suffocation would take place, in consequence of which *membranous concrements* were ejected very similar to those produced by croup.'

"An assistant in a drug-store gave me, among others, the following symptoms, as having been produced in him by respiring the *Chlorine Gas*: sensation of suffocation, inability to think, fainting weakness, sleepiness.

"The great similarity of diphtheria to scarlet fever is well known, as well as the great efficacy of *Chlorine*, in the cure of that form characterised by putrid sore throat.

"On the other hand, a superficial examination of *Calcarea carbonica*, as contained in *Jahr's Manual*, *Noack* and *Trinks*, and *Hahnemann's Chronic Diseases*, must convince us that

there are strong points of resemblance in their essentials between the symptoms of *Calc. carb.* and of diphtheria.

"Regarding my own experience with this remedy, I have made almost exclusive use of it in diphtheria during the last five years in at least three hundred cases. In many cases I have employed it in the form of *Liquor calcis chlorinatæ*, from five to fifteen drops in half a tumbler of water, of which a teaspoonful was taken according to the urgency of the symptoms, at intervals of from a quarter of an hour to six hours. For other slighter cases a trituration of the remedy was prepared, of which I have seen also good effects. In the majority of these cases it was prescribed alone; in others it was alternated with different remedies, according to constitutional idiosyncrasies. During these five years I have lost only two cases by death from this disease, although many of the three hundred cases appeared to me equally severe as those previously treated by other remedies, when I was not so successful. One of the above-mentioned cases was a young man who had been addicted to drinking, which he suddenly relinquished, when he was attacked with diphtheria. Notwithstanding my advice of not omitting his accustomed stimulants during the attack of this sickness, he would not resume it, and died a victim of his otherwise praiseworthy resolution. The second fatal case was that of a child two years of age. The diphtheritic bronchial croup had already progressed three days before I was called in. A large, thick, greenish membrane was visible all the way down the throat.

"The action of the *Chloride of Lime* in diphtheria is not like that of the caustics and acids, which remove the membrane at once as if by a charm. As long as the blood is infected with the diphtheritic poison this external manifestation of disease will return immediately or develope itself lower down in the œsophagus, stomach, or bronchiæ, and thus prove fatal. Very different is the action of the *Chloride of Lime*. By examining the membrane in the throat of a patient under the effects of this agent we perceive that the progress of the disease has been impeded from within. The patches of the membrane have ceased to spread, they look shrivelled and dead, the inflammation around their edges

diminishes gradually, and the healthy mucous membrane reappears.

"It should also be mentioned that in all severe cases stimulants, such as wine-whey, milk-punch, etc., were of incalculable benefit.

"Without entering into the details of the cases, which would be neither instructive nor interesting, I will quote from the records of my practice the principal symptoms of about thirty cases, and the treatment pursued.

"In one most malignant case of throat diphtheria, where *Iodide of Mercury* 1 and the *Liquor calcis. chlorin.* had been given in alternation, I omitted the *Calc. chlor.* for twenty-four hours, and gave only *Iodide of Mercury* 1. All the symptoms were aggravated. I then returned to the *Chloride of Lime* alone, when the whole case perceptibly improved, the drowsiness and sopor diminished, the membrane became shrivelled, and the whole disease assumed a more favorable aspect.

"In five very severe cases of diphtheria in children, of from two to eight years of age, when the whole throat was covered with the membrane, and the swelling of the submaxillary glands was very marked, *Calc. chlor. solut.* alone (eight drops dissolved in a half tumblerful of water, of which a teaspoonful was given every half hour to two hours) cured them in a short time.

"In some of the cases there was scarlet eruption on stomach, chest, and head, which soon disappeared. In these cases *Belladonna* was alternated with the *Chloride of Lime.*

"In others *Kali bichrom.*, 1st or 2nd trituration, was alternated with the *Lime.* Here there were more discharges of vitiated bile, a yellow complexion, want of appetite, little taste in mouth, nausea, &c.

"In two of these cases there was also severe fever every night, with pain on the top of the head. In other instances there were frightful dreams and aching in the eyes. No change of the medicine took place, owing to these symptoms.

"Many cases of this kind of greater or less severity have occurred in my practice, in all of which the *Chloride of lime* was the principal remedy. *My main object always was to*

save life. I have given the remedy alone, when this was possible, but when there were complications of the disease with *chronic miasms,* I never hesitated to alternate it with others. If the symptoms in many of our provings were mathematically certain, we should have less difficulty, but whether this is the case let every candid Homœopathic physician answer.

"In very severe and dangerous cases the *Chloride of Lime* ought to be repeated every half hour, or even oftener. In some cases of this kind it was exhibited every ten minutes. This constant application of the remedy undoubtedly also acts locally.

" *Calc. chlor.* not only cured the ordinary diphtheria, but also the diphtheritic croup. In two of the most formidable cases of this kind, for greater security, the *Chloride of Lime* was alternated with the *Kali bichromicum.*

"C. R—, æt. 7, was for several days unwell with a cold in the head, and catarrh, when suddenly, one night, the child was attacked with a suffocating croupy cough, with strangling, bluish countenance, quick, oppressed breathing. The physical examination detected a wheezing, whistling sound in both lungs, with occasional rhonchus. The whole fauces, palate, and tonsils, as far as the eye could penetrate, were covered with a thick whitish membrane. The tonsils were also enlarged; on the external neck there was a swelling on both sides, particularly on the right side. Considering that the mother had died of consumption, and the child suffered from luxation of the left hip-joint, the case was formidable enough. The persistent alternate use of the *Liquor calc. chlorinat.* 1, guttæ 8, in water, with *Kali bichrom.* 1, every half hour, produced at first a mitigation, and in a few days a cure of these dangerous symptoms. The child being very delicate, it was some time before she entirely recovered. After having entirely recovered, she took a severe cold, with a cough and pain in the left lung, which was with some difficulty subdued by *Kali hydr.* quarter of a grain, in repeated doses.

"An even more severe case than the above, that of a little boy, æt. 11, from New York, was also cured by the alternate use of *Kali bichrom.* 1, and *Liquor calc. chlorin.* The

swelling of the glands of the neck with the surrounding cellular membrane, and the extent of the diphtheritic deposit, was much greater than in the former case. The croupy cough was even more severe. There was also sopor and great prostration of strength. Every one despaired of his recovery. A consulting physician was called in, who gave no hope; nevertheless he was entirely cured by the faithful employment of the above two remedies.

"Innumerable cases of the slighter form of diphtheria were prescribed for at the office. They all presented the same phenomena. Patches of false membrane were visible on the tonsils, pharynx, or a veil-like cuticle enveloped the whole fauces. The symptoms of a sensation of dryness, swelling, and choking in the throat, were invariably present. There also occurred very frequently a sensation of a scraping and rawness, with hawking of phlegm. Some cases were complicated with a tickling cough and slight swelling of the tonsils and submaxillary glands. In some persons liable to lung diseases there were various pains in the lungs. The standard remedy in these cases was always the *Calcarea chlor.*

"In cases of *chronic bronchitis,* this remedy was alternated with *Kali hydr.* 2, if the pain was on the left side; and sometimes also with *Kali bromat.,* if the pains were on the right side. The *Cionicifuga racem.* also deserves consideration in the later cases. In one case, complicated with epileptic spasms, *Cuprum ac.* was exhibited in alternation with the *Liquor calc. chlorin.*

"In many cases of diphtheritic mucous diarrhœa, *Ac. muriat.* dil. seemed to have a still better effect than the *Liquor Calc. chlorin.*"

The use of this remedy must for the present be considered empirical; for we cannot assent to the arguments from the provings of *Chlorine, Muriatic acid,* and *Calcarea,* by which Dr. Neidhard endeavours to establish the homœopathicity of the *Chloride of Lime* to diphtheria. It seems to be a remedy of much the same order as the *Permanganate of Potash;* to which, since Dr. Allen's proving, we have been looking very hopefully in the treatment of malignant forms of the disease.

The dose given is after all not large, as a drop of the *Liquor calcis chlorinatæ* contains only about one twelfth of a grain of the *Chloride of Lime*. After the extensive trial which Dr. Neidhard has given his new remedy, it is only fair that we should test his experience in our practice. We hope to see, ere long, in our "Clinical Record" reports of cases treated by this drug.

Acupressure. By Professor PIRRIE and Dr. KEITH, Surgeons to the Royal Infirmary of Aberdeen. London: Churchill and Sons, 1867.

The Progress of Acupressure. By Sir J. Y. SIMPSON, Bart., M.D., D.C.L. Edinburgh: Adams and Black, 1867.

PROFESSOR SIMPSON will rank with Ambrose Paré, who advised surgeons that they should "bid eternally adieu to all hot irons and cauteries" in arresting hæmorrhage from open arteries, and use, in their stead, ligatures. Now we have reached another period of progress, when ligatures are to be cast aside as tedious and comparatively injurious, for *pins*—"*tut*, a *pin!*" cried Master Shallow, and yet it is a pin. The theory has been carefully and exquisitely worked out by Sir James Simpson, but for the practical part we are indebted to the industry and talents of Drs. Keith and Pirrie. This work, which is truthfully illustrated, well got up, singularly cheap and most intelligible, deserves a large circulation, and should be carefully studied by every operative surgeon.

Professor Pirrie's first case in which he tried acupressure is worthy of record—it was on the 16th of March, 1864.

"The patient was a boy six years of age; the malady, disease of the knee-joint; and the operation, amputation at the thigh. Four arteries required to be acupressed. The needles were removed in forty-eight hours, and no bleeding followed. 'The wound,' observes Dr. Pirrie, 'healed by primary adhesion, but as there were a few drops of pus, I do not consider the case a perfect example of that mode of heal-

ing without the slightest appearance of purulent secretion. There could not have been more than six or eight drops of pus in all, as there was not the slightest stain upon the linen, except on two occasions, when the stains were not larger than half the size of a sixpence. This (adds Dr. Pirrie) was the first time I had ever employed acupressure, and the result produced a great impression upon my mind, as it was *the nearest approach* I had ever seen to perfect primary adhesion after amputation of the thigh, or after amputation of any kind. But for these few drops of pus, I would have considered this case an instance of what—previous to the introduction of acupressure—I in vain longed to see—namely, an example of healing of an amputation-wound either by immediate union or the first intention, or by primary adhesion without a drop of pus. I have not (concludes Dr. Pirrie) called this a *perfect* specimen of primary adhesion, as I have never applied the term to the healing of a wound of any kind where a single drop of pus was seen, however gratifying the conditions in all other particulars may have been; and they could not have been more so than in this case' (pp. 66-68).

The writer of this review had a similar case where ligatures were used. It is now seven weeks and four ligatures are yet remaining, to the great discomfort of the patient. So slow are we all in embracing any new idea that only two weeks have passed since we saw eight ligatures applied, when three or four pins would certainly have commanded the vessels. On this case a Bartholomew student replied to our observations, "We cannot convert patients into pin-cushions." Such is the sloth of progress. Sir James Simpson states—"*I have myself been told by more than one English hospital surgeon that they were afraid even to try the use of the pin or needle instead of the ligature, and this too though they were surrounded by a staff of able and skilled professional assistants.*" From this the Professor should learn a lesson when taught by such a man as Professor Henderson and asked to experiment with a *single* medicine, and give up his many compounds when prescribing for a sick stomach or a diseased womb. Simpson is certainly enlightened enough to know

that he is wrong without admitting Henderson to be right, but like the London surgeons we know he is reforming, and from a recent case which came before us we do hope the Professor of Midwifery will, some day not far distant, raise his voice against those *compounds* in medicine which are still fashionable in Edinburgh.

CLINICAL RECORD.

Cases from Practice. By Dr. ADRIAN STOKES, Southport.

Myalgia and Cramp.

WHILE in attendance on a lady in September last, I was requested to prescribe for one of her servants, a young girl of sixteen, tall, pallid, and puffy-looking. This girl was subject to most painful attacks of cramp in various parts, occurring indifferently in the day or night, not only in the legs and arms, but in the neck, shoulders, back, and trunk. Walking had become so painful and difficult that she could hardly go to the end of the street (about 100 yards) without a severe attack in the thighs; and there were times when she could not remove a tray from the table without the imminent risk of letting it fall. Prior to her coming to her present place she had done hard work at washing; and during the past twelve months had been obliged to relinquish several places in consequence of the increasing frequency and severity of her attacks. Her mistress, who feared she must send her away, desired to try what Homœopathy could do to help her; and I took her in hand. Finding digestion good and menses normal, I thought *Ignatia* would harmonise with the pale face and placid disposition of the patient. A week's use of it in the first dil. gave no relief. I then determined to try *Cuprum Acet.* 3rd, which, after three days, equally failed, as it did when alternated afterwards with *Ignatia*. Having now treated the case for a fortnight with medicines apparently quite homœopathic to the case, I was rather disappointed at my want of success. I then thought of *Plumbum*, as a medicine of great power over the muscular system; and found a good enough analogue to my case in the description of the general effects of lead at pages 554-5 of Hempel's *Sympt. Cod.* art. *Plumbum*. The medicine was given

alone, about a grain of the third trit. from my case in half a tumbler of water; a dessert-spoonful every four hours. On inquiry as to the effect, after three days, I learnt that she had had only one attack of cramp of a mild character, and in a week afterwards there had been no return, while the soreness of the flesh had gradually gone away. Up to the 10th October there had been a clear interval of three weeks' freedom from cramp (saving the one attack after the *Plb.*). The girl can now perform any service required of her, and is perfectly well. She took the *Plb.* for ten days. The affection dates from very nearly two years.

Headache with Vertigo. By Dr. ADRIAN STOKES.

I was consulted, May 27th, 1867, on the case of Miss E. T—, a young lady of seventeen, slight, well-proportioned, with brown hair and grey eyes; disposition, sprightly and amiable. She had suffered from headaches, which attacked her suddenly with vertigo and obscuration of sight, generally in the morning or early in the forenoon, lasting several hours. On being seized with vertigo there was always an instinctive clutch at the nearest object for support. The attacks had come on about twelve months before, and were increasing in severity, so that they nearly approached the suddenness of epileptic seizures. During the headache there was pallor, coldness of upper and lower extremities, closure of the eyelids, and intolerance of light and sound. The most severe attacks were ushered in by a scream; and twice, her mother told me, she had fallen down. There was no spasm or convulsive movement. The patient described the pain as most acute, and was situated in the frontal sinuses and deep behind the nose. All the functions were normal. Considering the case to be one of sudden congestive headache, I thought *Bryonia* and *Chelidonium* likely to help her. She took these every four hours until June 1st, when the attacks came daily, with extreme severity. I then ordered *Glon.* 1 to be taken when the attack came on, and *Bryonia* 1 every three hours in the interval. This was continued until June 21, with a fortnight's exemption from vertigo; but the attack returning, I changed the prescription to *Acon. B.*, when the attack came on, given every quarter of an hour until it went off, with *Nux v.* 1 every four hours in the interval. This treatment was continued for a month with scarcely any perceptible effect.

She then got *Musk* 1st and *Phosph. ferri* 3rd alternately for eight days, equally without success. She was now very pale and weak, the eyes were hollow, and she winked at the light a good deal, while the pupils were contracted. A certain nervous rubbing of the hands now struck me as a symptom, which I had previously passed over as an act of gawkiness. Winking, pallor, agitation of the hands, langour and day drowsiness, *shyness*, vertigo, and headache characterise *Agaric*, as they do also *Zinc*, and I determined to give these alternately. On the 28th July I ordered *Aga.* 1st and *Zinc* 3rd. On the 12th August there had been no return of headache or vertigo. I therefore discontinued my visits. I called on her on the 10th October, after paying a visit next door, to inquire after her health, and saw her animated and happy, without a trace of headache or vertigo since July 26, and rejoicing in the idea of a "perfect cure."

Headache cured by Bryonia. By Dr. Adrian Stokes.

Some eight years ago I was consulted by a distressed mother on behalf of her young daughter, aged eight years, a pallid, stunted child, with a large flat place on her skull, where Hope, Ideality, Veneration ought to have been. She suffered from sudden and excruciating attacks of pain in the head, sometimes striking her in the coronal region, at others near the top of occiput, and prostrating her as a lightning-stroke might have done, taking all use out of her limbs and sight out of her eyes. She had been attended by a well-known surgeon in Liverpool, who considered there was a growth from the inner table of the skull pressing on the brain. He had blistered the top of the head, given Calomel and other purges, and proposed a seton in the neck. Alarmed at this, and reflecting on the non-success of the treatment the child had received for two years, the mother decided to try what Homœopathy could do in the case, and called in my aid. In view of the sudden and violent character of the attacks, I tried successively *Aconite*, *Nux vom.*, *Hydrocyanic acid*, *Belladonna*, without making any perceptible impression. In the meantime weeks had gone by, and I was anxious to relieve my little sufferer. Taking a fresh review of her symptoms, and having an eye to the congestive character of the headache, I consulted the pathogenesy of *Bryonia*, and found the violent pressure from occiput to forehead—the inability to stand or sit up under it, the prostration

—all represented. I determined to give this remedy, and did so in the 3rd dil. From the moment of beginning its use, the violence of the headaches abated; in a fortnight the attacks had faded to a mere nothing; and in three weeks had ceased to return. The child in a few months began to improve in colour and in flesh, and also in growth. I attended her in Southport last year under an attack of measles, and saw, after an interval of six years, a young woman of attractive appearance and bright intelligence, in the usual enjoyment of excellent health—small of stature, it is true, but womanly withal. She told me she never had any return of those terrible headaches, nor anything to complain of, save a bilious or sick headache at the periods, which was not of any severity, and passed off without difficulty.

The speedy and splendid success of *Briony* in this case is one of the most satisfactory instances of Homœopathic cure I have ever known.

Quinine in Neuralgia. By Richard Hughes.

Mrs. Des V—, æt. about 50, consulted me on December 12th. About a week previously she had had a chill, the immediate effect of which was a cold in the head. With this her appetite had gone off; and in a day or two a pain had set in above the left eye, which, after wavering about for a little, had become a periodical supra-orbital neuralgia. For the last three days the pain had come on daily at noon, and continued until between 4 and 5 p.m. It shot from the supra-orbital foramen up the scalp on the same side, and one spot over the parietal bone was especially painful, and tender to the touch. The eye did not become bloodshot during the attacks, nor did it water: but the eyelids quivered much.*

I found the appetite quite absent, a clammy taste in the mouth, and the tongue rather thickly coated with a grayish fur. The urine was loaded with lithates; but the bowels were normal. No other symptoms worthy of note were ascertainable.

I prescribed *Kali bichromicum* 6, a drop four times a day. The history of the case, beginning with a catarrh involving the digestive organs, led me to this medicine: and the local symptoms confirmed its choice. "The chief local pains," says Dr. Drysdale

* The distribution of the supra-orbital nerve readily accounts for all these phenomena.

in his arrangement of the pathogenesis of *Kali bichromicum* (Hahnemann *Materia Medica*, part i, p. 10) "seem to have their seat in the exterior tissues of the head, especially over the left orbit." In the therapeutic appendix he gives two cases of supra-orbital neuralgia in which it proved curative, and says, "it seems quite specific in many varieties." It is interesting to notice, in connection with the gastric symptoms, that it is in the supra-orbital nerve that some persons experience pain when they take ice into the stomach.

December 14th.—The tongue was cleaner, and the appetite better: but the attacks of pain had recurred without diminution or variation. Continue *Kali bichromicum*.

16th.—The gastric symptoms now quite removed: but no real change in the neuralgia. The periodicity of the paroxysms and the lithate-loaded urine were the only symptoms upon which I could found my choice of a remedy. They led me to *Quinine*, which I prescribed in the 3rd centes. dilution, a drop four times a day.

18th.—Since beginning the *Quinine* there has been hardly any pain worth mentioning, but during the usual hours of attack there has been an occasional slight stab in the brow and quivering of the eyelid. Continue.

21st.—No supra-orbital nerve symptoms have appeared these three days. The urine is much clearer, but not yet normal. To continue the *Quinine* till the lithates have quite disappeared.

I have already (*Manual of Pharmacodynamics*, p. 224) called attention to the presence of lithates in the urine as constituting, *cæteris paribus*, an indication for *Quinine*. The phenomenal fact I derive from Noack's proving of the drug; its pathological significance I do not yet see my way to.

The infinitesimal quantity in which *Quinine* acted in this case is also interesting, when we remember the massive doses given to cure the same affection in the ordinary therapeutics.

Ascites. By Dr. J. A. Hoffman, Mendota, Ill.

April 16th.—Was called to see Mrs. J. M—, aged twenty-six years. This lady had been treated by two physicians, who had abandoned the case, assuring her husband that she could live but a few days. Some four months before this she had a miscarriage at the fifth month. After this, had a severe attack of

puerperal fever. As the inflammation and fever began to subside, the abdomen began to enlarge, and continued to do so, until she came to the condition of almost absolute suffocation.

Pathological condition.—Extreme enlargement of the abdominal region, skin dry, urine almost suspended, diarrhœa, sub-acute inflammation of the peritoneum, womb and bladder, typhoid condition of tongue, low fever, no appetite. It was clear enough that this was a case of abdominal dropsy, with other serious complications; the effusion arising from peritoneal inflammation.

First prescription was strictly hygienic, the details of which I need not mention.

Preparatory prescription.—Ars. 3rd, ten drops in a half tumbler of water—two tea-spoonsful in the morning; *Baptisia* 1st, the same at noon; and *Cantharis* 3rd, the same at night. Continued this prescription for two weeks.

Condition at this period.—Skin moist, urine free, appetite better, inflammation of peritoneum, womb and bladder nearly subsided; abdominal distension worse, diarrhœa continued.

Prescription for the dropsical effusion.—One tea-spoonful of the strong tincture of *Apocyn. can.* 3rd, made from the green plant into half tumbler of water—two tea-spoonsful to be taken every six hours. In twenty-four hours she was literally deluged with a yellowish, sticky, sour fluid, that poured away by skin and kidneys. This fluid ran involuntarily from the bladder in a stream. Continued this for two weeks. At this period all the distension had disappeared. The patient was now very much reduced in flesh. Gave *China*, morning and night, for two weeks. Gained rapidly.

It is now about seven weeks since Homœopathic treatment was commenced, and Mrs. M— is perfectly well, with no indication of a return of the difficulty.

To substantiate the diagnosis, I may mention that Dr. E—d, of Mendota, and Dr. C—n, of Lee Co., both first-class allopathic physicians, saw the case while under Homœopathic treatment, and confirmed the diagnosis, but expressed the opinion that the patient was absolutely incurable.

P.S.—Some two weeks after the above account of the case was written, considerable effusion took place into the pleural cavities. Prescribed *Ars.* 3rd dec. dil. three drops in a tea-spoonful of water three times per day. In two weeks the patient was entirely well, and has remained so ever since.—*Medical Investigator.*

MISCELLANEOUS.

Amaurosis caused by Tobacco.

At the meeting of the Royal Medical and Chirurgical Society, June 25, 1867, a paper was read by Mr. Hutchinson on "The form of Amaurosis, supposed by some to be connected with the use of Tobacco."

This paper contains a statement, in tabular form, of all cases of primary white atrophy of the optic nerves which have come under the writer's care during a period of three years. By the term "primary white atrophy" it is intended to exclude all cases in which there had been at any stage evidence of neuritis. The series includes 37 cases. 34 of the patients were men, and 3 were women. Of the 34 men 31 were smokers, and of these in 27 no other cause could easily be conjectured; whilst in 4 other causes, such as intemperance, sexual excesses, &c., were quite possible. In 3 cases the men had either never smoked, or had smoked so little that it seemed impossible that the use of tobacco could have had anything to do with the disease. None of the women (3 in number) had been smokers. The tabular statements comprise tolerably full information as to the dietetic habits and state of health of the patients, as to the quantity of tobacco used, as to the premonitory symptoms of the amaurosis, the ophthalmoscopic appearance, and the results of treatment. The facts collected appear to the writer to justify the following conclusions—1st. That this form of amaurosis is met with in the two sexes in the proportion of one woman to twelve men. 2nd. That in the male sex it is very rarely met with excepting among smokers, whilst it is very rare indeed amongst children. 3rd. That most of its subjects have been heavy smokers (half an ounce to an ounce a day), and that in many instances the patients themselves became aware that the habit disagrees with them. 4th. That, as a rule, this disease is not met with in special connection with puberty, with celibacy, or with sexual excesses. 5th.

That it is not usually associated with any other disease of the nervous system. 6th. That amongst the measures of treatment the prohibition of tobacco seems to rank first in importance. 7th. That the circumstantial evidence tending to connect the disease with the use of tobacco as a cause is of such a nature as to entitle the question to the serious consideration of the profession. The writer wishes it to be clearly understood that he does not advocate any particular view, and that his wish is simply to draw attention to the clinical facts. He would add farther that it is quite clear, supposing that tobacco does sometimes cause the disease, that it does so only in certain constitutions, some peculiar idiosyncrasy being required; and that it is at best only one of the causes by which this form of amaurosis may be produced.—*Medical Times and Gazette*, Sept. 28, 1867.

On the Efficacy of the Tincture of Veratrum viride in Inflammation of the Lungs. By Dr. Drasche, Head-Physician of the first Medical Department in the Rudolf Institution, Vienna.

I.

The action of the *Tinctura Veratri viridis* in pneumonia is so striking and regular, that under the strictest criticism it cannot be doubted in the least, and presents one of the most successful procedures with acute inflammatory diseases. Though all the cases thus treated do not recover, yet the therapeutic results that have been obtained deserve, at the very least, to be laid side by side with the most favorable ones under any other treatment, if not to be placed before them all.

In the following treatise I wish to communicate the observations which I have collected both in hospital and private practice in my experiments with *Veratrum* in pneumonia. These at present stand more as initiative than conclusive; they are still continued without interruption, and will hereafter be published in a larger and more detailed form. The tincture I employed was prepared from the fresh plant of the genuine *Veratrum viride* and strong alcohol in the proportion of one to three by weight of the former to the latter, in the apparatus for expressing the juice.

The tincture thus prepared is inferior in strength to the

original American tincture. That which is found in most druggists' shops is prepared as a "mother tincture" for homœopathic use from *Veratrum* and *Alcohol* in equal quantities. In private practice it is always necessary, in regard to the dose, to procure exact information respecting the mode of preparation and the strength of the tincture. When fresh it is of a spinach-green, but after standing long becomes blackish, and at last dark yellow; it is in all cases to be preferred to the resinoid extracted from *Veratrum viride*, as it is easier to take, agrees better with the patient, and is certainly absorbed sooner by the stomach. It is the fever that served as the first and most important indication for the employment of *Veratrum* in pneumonia, whether the disease was quite recent or had already made some progress in hepatization. The daily dose of tincture averaged a drachm, administered in eight ounces of some fluid vehicle. According to the violence of the fever, the duration of the disease, the condition of the local inflammation, the age and idiosyncrasy of the patient, a tablespoonful was given every hour or every two hours. The one drachm per day was only exceeded in exceptional cases. This medicine was continued until the febrile symptoms had either ceased or abated, and especially till the pulse became slower, *i. e.* provided the tincture agreed with the patient. Small doses of it have no effect that can be depended on either on the fever or the local process. In some individual experiments twenty drops were given at once to compel a speedy retreat of the fever, but from the vomiting that constantly ensued, a repetition of such doses did not seem advisable. Cases repeatedly occurred where patients took the drachm four days in succession, which they bore well. The maximum dose per day was two drachms, the minimum twenty drops. The maximum taken in all by any one patient was nine drachms, during which the vomiting that supervened caused a temporary suspension of the medicine. As the instantaneous presence of the physician may be necessary in such extreme treatment, experiments of that kind can hardly be carried out in private practice.

The effect of this tincture in pneumonia displays itself soonest and most certainly upon the accompanying fever. In no case whatever that was submitted to uninterrupted observation was this decided and unquestionable effect absent. After the first large doses, sometimes even in a few hours, a partial or total

abatement of the febrile symptoms ensued. It was for this rapid action that the *Veratrum* was indisputably to be preferred to its ally *Digitalis*, which can only lower the pulse and the temperature by slow degrees. In a disease which mostly runs its course in a very short time, rapidity of effect cannot be over-estimated; and as the effect of *Veratrum* on the fever displays itself in all stages of the disease, we may almost infer a specific relation between this medicine and pneumonia—a suspicion which is supported by the observation that it acts with far less certainty and constancy on the febrile symptoms of pleurisy, tuberculosis, and typhus.

Amongst all the febrile symptoms in pneumonia the frequency of the pulse is that which *Veratrum* influences in the most striking manner, producing an abatement not only of the rapidity but also of the force of the heart's action; the pulse becomes slower, the arteries smaller and softer. It is but seldom that irregularity of pulsation occurs during long use of the medicine in larger doses. In the cases which I observed, the frequency of the pulse fell, under this treatment, on the average rather below than above 80 beats per minute, in the minimum even to 28. In one instance, after two doses, a diminution by 20 beats per minute was observed within two hours. A reduction to the amount of 40 to 60 beats can be induced by *Veratrum*, whilst the inflammation remains unaltered, or is even locally increased. When the medicine has to be set aside on account of supervening nausea, vomiting, or hiccough, in such cases, then a renewed frequency of pulse by twenty beats per minute may be noticed soon after, so that the after action of the *Veratrum* on the heart's action is not of long duration.

Along with this diminution of rapidity of the pulse, the exaltation of temperature is also reduced almost regularly and sychronously. According to the dose, to the longer or shorter use of this medicine, and also according to the state of the local inflammation, the temperature is lowered by one to four centigrades. At the same time this lowering of the temperature is not interrupted by the discontinuance of the medicine, even though the frequency of pulsation be resumed, as above.

Whilst this effect of the *Veratrum* on pulse and temperature is generally complete, it seems to be less constant and manifest on the respiration. However, I have never yet seen dyspnœa to a

high degree, and very distressing to the patient, even in bilateral pneumonia when treated with *Veratrum* tincture. On the whole, the aspect of the case assumes under this treatment a milder and, so to speak, *calmer* character; and in many instances this circumstance stands in direct contrast to the real severity of the disease.

In immediate connection with these happy effects of the *Ver.* tincture in pneumonia we must, however, bring forward the unpleasant accidents which do occasionally occur after the exhibition of this medicine, and forbid the continuance of it either *pro tem.* or totally. Its most frequent collateral effect is the vomiting above mentioned, which almost always consists of a dark green fluid. This generally makes its first appearance in one or two hours after the dose last taken. It takes place easily without any particular straining, nor accompanied by any serious feeling of subjective indisposition.

In certain forms of pneumonia this very undesirable effect cannot be indicated even symptomatically. The vomiting is generally stopped by the exhibition of soda water, and the *Veratrum*, after a short interruption, can be resumed.

The later doses, then, very often agree better with the patient than the former. The action of the tincture on the intestines takes place either with or without vomiting, and consists of diarrhœaic stools following each other more or less rapidly, and with or without pains in the abdomen, which soon cease after a dose of *Laudanum*. Distressing and violent hiccough is more rare but all the more obstinate; ceases of itself sometimes when the *Verat.* is discontinued, but may recur as soon as ever the first dose is given again.

When larger doses are given, feebleness, pale face, coldness of the skin on the extremities, and a general subjective feeling of indisposition may set in. All these accidents, however, are of a nature rather unpleasant than seriously prejudicial, and can by no means invalidate this highly efficacious mode of treatment.

The certain and energetic action of *Tinct. verat.* on the fever in pneumonia especially maintains the peculiar value of this method of treatment in cases where proof can be given that by this means (or *post hoc*) a reaction on the local process also takes place in the lungs. The undeniable alternative reaction between the febrile symptoms and the local process in pneumonia admits such

a conclusion *à priori*. The clinical observations on the progress of the local process in this disease when treated with *Tinct. verat.* lead to the following conclusions. With complete cessation of the fever, even when the pulse is only 60, hepatization may go on unhindered, a fact which the physical phenomena sometimes prove beyond a doubt. That such a morbid progress, however, in general is only gradual, may be inferred in individual cases, even though no unimpeachable evidence of that fact can be presented at the bedside. But the course of other cases of pneumonia speaks indisputably for the limiting or arresting influence of *Tinct. verat.* on the local process.

If it be exhibited in pneumonia during the advancing stage, when accompanied with saffron-coloured sputum and violent fever, the peculiar colour of the expectoration occasionally disappears in a short time, with complete cessation of the febrile symptoms. Auscultation and percussion at the same time indicate a standstill, or at least no accession. If at this point the *Veratrum* be discontinued for a time, for instance, on account of vomiting, the fever and sputum croceum now and then reappear immediately, and the hepatization can be physically proved to be advancing. Such an action of *Verat.* upon the febrile symptoms and the infiltration, I have over and over again noticed; nay, even repeatedly in the same patient. The idea that hepatization which ensues in several successive deposits can be accounted for by the supposition of an intermittent character of the inflammation, is easier to assert than to prove, is always more easily advanced. But that sometimes an arrest of the local inflammation, and frequently a retardation of the progress of infiltration does occur through *Veratrum* treatment I am bound to assert, on the ground of numerous observations.

Even though the resolution of pneumonia treated with *Veratrum* may go through the usual metamorphoses, yet the coagulated cellular infiltration is drawn away by the circulation rather than thrown off externally by expectoration. In every case of the former mode of solution, the vesicles of the lungs in all probability remain intact; therefore, abundant "sputa cocta" and copious *râles* fall less frequently under observation. During constantly decreasing intensity of bronchial respiration, and of dulness on percussion, at last, though for the most part slowly, the diseased portion of the lungs recovers its normal state.—*W. med. Wochenschr.* 1867, 33.

Homœopathy run to Weed.

In the October No. of our contemporary the *American Hahnemannian Monthly*, we find an article on Sugar or Saccharum, arranged by Dr. Lippe, the editor of the *Monthly* and Professor of Materia Medica in what remains of the Homœopathic Medical College of Pennsylvania since the secession of Dr. Hering and his following, to found another college called, we believe, the Hahnemann Medical College, or something similar.

The article in question professes to be a proving of sugar by the late Dr. S. Bönninghausen and Dr. G. Bute. The arranger tells us that it "causes a disturbance in the organism only when taken in excessively large quantities," and he informs us that the symptoms contributed by Dr. Bute were obtained by proving on himself the 30th potency, so that we are led to conclude either that the 30th potency is an excessively large quantity, or that Dr. Bute's symptoms were unattended by any disturbance in the organism. What potency Dr. Bönninghausen proved sugar in we are not told. This is the more to be regretted as we cannot help feeling curious to know what quantity of white sugar was required to produce such symptoms as the following:—Violent ophthalmia, dimness of the cornea, œdematous swelling of the face, scurvy, ranula, ulcers in the throat, induration of the liver, swelling of the liver, abdomen as hard as a stone, atrophia mesenterica, water in the abdomen, enormous swelling of the scrotum, pneumonia (twice), œdematous swelling of arms, legs swollen as hard as a stone, œdematous swelling of legs—water oozes out of them, rheumatic fevers, malignant plague fevers, chlorosis with dropsy, attacks of gout. How many of these dreadful symptoms were contributed by Dr. Bönninghausen and how many by Dr. Bute with his 30th potency we are left to conjecture, for no clue is given to enable us to separate the symptoms belonging to each contributor. Symp. 38 strikes us as rather an odd one, "useful as a tooth-powder."

"The purely curative effects derived from clinical observation" are distinguished by an asterisk. One of these has particularly arrested our attention. It is symp. 11, "great modesty (chastity)." Now, how is this curative effect to be understood? Was some

person cured of modesty by sugar? We are anxious to know the sex of the subject of this clinical observation, and the dose of sugar that effected this marvellous result? Did the observer extinguish the chastity of some very simple maid by a handful of sugar-plums? The *dragées du diable* or Devil's comfits employed for such purposes by the *roués* of the court of Louis XV are generally supposed to have contained something besides sugar. If we read this clinical observation in connection with symp. 91 "increased sexual desire," we may be tempted to think that it was rather an Allopathic than a Homœopathic action of the drug. In short, we trust that the learned arranger will favour us with some more precise details than appear in his arrangement, with respect to this very undesirable and, to all appearance, far from pure "purely curative effect of sugar," for we should be truly sorry to think that the chastity of our female acquaintances was endangered by their partiality for lollipops.

Another reflection presents itself. Can potencies of saccharum be administered in our ordinary sugar globules? And if it be replied that the globules are not potentized, then we may ask, how about those medicines which have been potentized to higher powers from dissolved globules of a lower potency? Will not the sugar they are made of be potentized also? and if so, how can we imagine we are administering a simple medicine when we give it plus the potentized sugar which we are here told is a substance of such wonderful power? Then if *Saccharum album* has such mighty medicinal effects, will nobody ascertain for us if *Saccharum lactis* be not equally powerful? and if it be, what becomes of all our drugs potentized from triturations?

Fortunately for our peace of mind we remain, in spite of Drs. Bönninghausen, Bute, and Lippe, complete sceptics with regard to the medicinal effects of potentized sugar, and we can only say that the incredible effects attributed to this innocuous aliment will render us very sceptical as regards the trustworthiness of other provings proceeding from the same quarter. Of course we are familiar with the observations recorded by various physiologists with respect to the effects of feeding animals on sugar alone, and we can fully believe in the effects they record of such a diet, but these effects were more owing to the deprivation of other and necessary constituents of food than to any deleterious action of sugar, which in due proportion is not only a wholesome but an

indispensable aliment. These experiments can never, and were not intended to, show that sugar had any medicinal effect whatever, but only that by itself alone it could not sustain animal life, and to make them the foundation of a pathogenesis of sugar with a view to ascertain its pure medicinal effects, is to misunderstand entirely the scope and the meaning of these purely dietetic experiments.* Similar effects have been observed by restricting animals to a diet of starch, oil, gum, and even bread, which might all, with equal propriety, be considered medicinal substances. Surely medicinal substances of undoubted power still remain to be proved without encumbering our *Materia Medica* with such useless and incredible lists of symptoms as this so-called proving of sugar.

We are sorry to seem to be deficient in courtesy towards a contemporary in thus criticising unfavorably an article in these pages, but we feel bound, on the present occasion, to set courtesy aside in order to protest with all our might against a so-called proving which possesses every vice that a proving should not have. The substance proved is not medicinal; no names or description of provers are given; the dose taken is not indicated, nor the period after taking the dose at which the symptoms appeared mentioned. In short, the only possible use this so-called proving can serve, is to show intending provers what they must avoid if they would furnish anything useful to our *Materia Medica.*

Complementary Therapeutic Law to the Similia Similibus Curanter. By Dr. Teste.

At the Paris Homœopathic Congress of last year, Dr. Teste read a short paper (published in the *Bulletin*) to illustrate a formula which he had laid down some years previously, and which, if it should prove true, will go some way towards helping to solve the much vexed problem of the dose. We subjoin this formula:

* We do not mean to say that the symptoms ascribed to sugar in this proving are derived from such dietetic experiments, for there is no hint throughout it as to what kind of subjects the symptoms recorded occurred in, nor any indication of the doses of sugar administered.

In order that two maladies, the one natural, the other medicinal, should extinguish one another in the organism, so as to restore perfect health, it is not indispensable that they should both possess the same intensity; it is sufficient that both possess exactly the same symptoms; whence it follows—

1. ***That a natural disease even of slight intensity may suffice to annihilate completely the effects of a medicine administered in a very strong dose, and which, without the presence of that disease, would infallibly produce disastrous effects,*** PROVIDED THIS MEDICINE IS EXACTLY HOMŒOPATHIC TO THE DISEASE IN QUESTION.

2. ***That a medicine, even in an excessively weak dose, nearly always, if not always, suffices to extinguish a natural disease, even of a very severe character,*** PROVIDED, AS IN THE ABOVE CASE, THE MEDICINE IS EXACTLY HOMŒOPATHIC TO THE DISEASE.

This rule explains, on the one hand, the singular phenomena of *tolerance*, as shown, for example, in certain cases of pneumonia, curable by *Tartar emetic* in enormous doses, which are taken without causing any inconvenience, and in certain cases of patients affected with febrile diseases, who enjoy a similar immunity from poisonous doses of *Arsenic;* and, on the other hand, how infinitesimal doses have been able to overcome the most severe diseases, how, for example, a few globules of *Phosphorus*, *Arsenic*, or *Sulphur*, in the 30th dilution have frequently cured with extreme rapidity cases of enormous pleuritic effusion, &c.

The following observations were adduced by Dr. Teste in support of his views.

"Obs. 1.—On the 22nd May, 1865, between five and six p.m., fourteen young girls belonging to a convent of which I was the doctor, poisoned themselves with a decoction of *Belladonna* leaves, which they had mistaken for wild chicory. Some liquorice root had been added to the decoction, which was intended to be a refreshing drink for the girls who were at work, and who had complained of thirst, the weather being extremely hot. They drank it cold and did not notice it, but their thirst increasing from drinking it, almost all of them swallowed several cups. I heard little of the first symptoms of the poisoning beyond extreme thirst, vertigo, dimness of vision, which were soon felt by all, and a kind of cerebral apoplexy with which one of them was seized, which caused her to fall down and become insensible. I

was not sent for till the symptoms had attained an alarming character, so that it was 10 p.m. before I reached the convent, when I witnessed a strange scene.

"With the exception of fifteen nuns who flitted about from bed to bed terrified out of their senses, and not knowing what to do, every one (that is to say, fifty young girls) were in bed in the sleeping ward, but none were asleep—at least not truly asleep. What first struck me on entering was a sort of smacking noise proceeding at brief intervals from different parts of the large ward, and which were above the whisperings of the nuns and the rustling of their serge dresses. This noise was produced by the automatic movements of the lips, or rather jaws, of the poor girls, who were tormented by a horrible dryness of the mouth, though, with the exception of two, they were quite unconscious and lying in a sort of coma, accompanied by almost incessant muttering delirium. Their skin was hot and dry, the pulse moderately frequent, face red, eyes injected, pupils much dilated and insensible to light, neck perceptibly swollen. They made no reply to questions, only in speaking loud and shaking them they seemed to be attentive for an instant, but soon relapsed into their delirium. I observed no spots on the skin. But all of them showed signs of tenderness when pressed even slightly on the abdomen, particularly over the ovarian region. Two or three had passed water in bed.

"An hour before my arrival the aid of an apothecary in the neighbourhood had been sought. He having discovered that *Belladonna* had been taken for wild chicory, had advised plentiful draughts of coffee. Several of the patients, notwithstanding severe constriction of the throat, had drunk with avidity and without much difficulty several cups. But five of the patients had not yet drunk anything. Those that had drunk were not perceptibly better than those that had not. However, I advised that those who had already drunk coffee should continue its use until 5 a.m., when vinegar and water were to be used instead. The other five I treated differently.

Bearing in mind the fact, now generally acknowledged even by the Allopaths, though it quite affects their doctrine, that *Opium* is the best antidote to *Belladonna*, and reminded of the potency of infinitesimals whenever we have to do with a dynamical affection, whatever the cause, whether a pestilential miasm or a

diffusible poison. I did not hesitate to prescribe for the five poisoned girls *Opium* 3, ten drops in two hundred grammes of water. A tablespoonful every quarter of an hour till midnight, after that every hour if there was improvement. Nothing else.

"I slept little that night, I could not help feeling anxious when I returned to the convent next morning at eight o'clock. But my fears were soon allayed. The *Opium* had succeeded beyond my hopes. Those who had taken it had recovered their consciousness and sight long before midnight, and after that had slept so tranquilly that the medicine had not been continued. All five seemed astonished to see me so early at the convent, for they remembered nothing of what had happened the previous day. Those who had taken the coffee and afterwards vinegar and water were still very ill. To be sure they only raved occasionally, but they still complained of vertigo, great weight of the head, accompanied by dull shootings; their eyes were still much bloodshot and could not bear the light, they only saw indistinctly and could with difficulty recognise me; one of them had vomited several times during the night, another had had diarrhœa towards morning, all complained of pain in the stomach, and sore throat. I now prescribed for them *Opium* 3 every quarter of an hour, and all these symptoms disappeared in a few hours.

"It now remains for me to speak of the two girls who had taken as much *Belladonna* as their companions, but had been scarcely affected by it. I carefully examined them, and found that one was affected with acute blepharitis, for which she was to have asked my advice the following day, and which was found to be quite cured by that time. The other had long suffered from a sort of gastralgia, which I had unsuccessfully treated with *Nux*, *Causticum*, *Mercurius*, &c., but which ceased entirely after taking the *Belladonna*. These two girls—one of whom had drunk two, the other three, cupfuls of the decoction of *Belladonna*—had felt nothing but slight heaviness of the head, and some dimness of vision. I may add that they did not sleep during the night of the 22nd, but that might have been owing to their fear of having been poisoned.

"The 24th May all the patients were going on well, and had resumed their usual occupations; the 25th they were still better. But curiously enough, the 26th, about five p.m., the hour at which they had been poisoned three days previously, they were

again seized with vertigo and blindness. A few doses of *Opium* 3 soon put them to rights.

"Obs. II.—On the 11th April, 1867, Mr. X—, a bachelor, aged 40, of athletic form, having been much harassed by a series of misfortunes, among which was the loss of a large portion of his fortune, thought he could do nothing better than swallow at one draught ten or twelve grammes of Rousseau's *Laudanum*. The medicine acted rapidly. Perhaps the disagreeable sensations he experienced reminded Mr. X— of the saying of Montaigne, 'I fear not death, but I dread dying.' However that may be, he did not like to die, though he had done what he could to kill himself. Hence at nine a.m. his friends and servants came to fetch me; but not being then at home, I could not get to see him before eleven o'clock—that is to say, three hours after he had swallowed the *Laudanum*. This is the state in which I found him:—He lay in bed; his face was red, the eyes much blood-shot, with a fixed scared look; more agitation than coma; speech embarrassed and ideas rather unconnected, as if his memory failed him occasionally. However, he was able to tell me what had happened. He complained particularly of a very violent headache and general coldness, though the skin was bathed in perspiration. Since nine o'clock he had swallowed seven cups of coffee and two bottles of lemonade; but he could retain nothing on his stomach. He had vomited upwards of twenty times, and still kept on vomiting, whence I concluded that the greater part of the poison had been ejected. Considering that, as *Opium* was the antidote of *Belladonna*, the latter must be equally the antidote of *Opium*, I prescribed *Belladonna* 6, four drops in 200 grammes of water, a spoonful every quarter of an hour. As the medicine had to be sent for it was 12 o'clock before he commenced taking it. By two o'clock he was much better. 'How much good this medicine does me,' he exclaimed; 'every spoonful I take seems to take twenty pounds off my head.' The *Belladonna* was now given every hour. At 6 o'clock he felt so well that he wished to take some soup, which I dissuaded him from doing. The following morning, after a good night, he felt nothing but an empty feeling in his head and some tenderness in the epigastric region. No more medicine; for drink, lemonade; three basins of soup during the day; but at two o'clock he ate of his own accord half a chicken, without any bad effect. The following day he was quite well.

"This case, which is far from being so conclusive as the former ones, to which it forms a the counterpart, only proves one thing—viz., the unlimited faith I had in the law laid down above.

"*Conclusion.*—'Two similar diseases,' says Hahnemann, 'cannot exist simultaneously in the organism.' This axiom is the soul of his admirable doctrine. But he adds, 'Of two diseases, the stronger, the medicinal, disease is substituted for the other,' &c., which is erroneous, as I think I have proved satisfactorily. There is no such thing as substitution. The two diseases, however disproportionate in intensity, annihilate one another by reason of their simultaneity. This is the law which I propose, and which is corroborated by all known facts.

"If this law be true—and I am as certain of it as I am of my own existence—it follows that when medicines are administered in such a form as allows them to develop their virtuality, the question of dose is of quite secondary importance. It is, moreover, clear that the employment of strong doses is, to say the least, useless, not to mention the serious inconveniences that follow their administration."

Rubini's Camphor Treatment of Cholera.

In the *Allg. Hom. Zeitung* for 28th October, 1867, appears the following extract of a letter, dated 27th September, 1867, from Dr. Th. Bruckner of Basel.

"My friend Colonel Wieland of Basel, formely officer of the Neapolitan Swiss troops, tells me that it is quite true that Rubini lost no patients in the Swiss regiment from cholera, but all of them had the secondary typhoid fever, of which they all, or almost all, died in another ward."

To this Dr. Rubini replies as follows, in the same journal of 18th November:

"3rd November, 1867.

"Dear Sir,—At page 136, vol. lxxv, No. 17, of the *Allgemeine Homöopathische Zeitung*, I have read the article printed there, and I frankly declare that Colonel Wieland's assertion is a pure falsehood.

"All the Swiss soldiers I treated with *Camphor* recovered, and

none of them got the typhus. Of the first 17 patients sent to the Military Hospital of the Trinity, 15 died, and only 2 recovered. Of the 166 treated by me in the Regimental Infirmary none died, and none ever had typhus as a consequence of the cholera.

"At page 29 of the statistics I send you, you will find a brief printed report of the treatment of these 166 soldiers.

"At pages 79, 81, 94, and 95, you will find the testimonials from Colonel Wolff, in command of the regiment, which vouch for the truth of my statement. The originals are preserved carefully by me, along with all the others that are printed in the statistics.

"I believe these documents will suffice to refute the falsehoods and calumnies which Colonel Wieland has sought to charge on me and homœopathy. I am sure that you, Dr. Meyer, will contradict them in your periodical in defence of me and of divine homœopathy, and I trust you will send me a copy of the Journal in which the contradiction appears.

"Thanking you with all my heart, I beg you to believe me,

"Your most devoted servant and colleague

"Dr. Rocco Rubini."

The work alluded to by Dr. Rubini has the title *Statistica dei Colerici curati colla sola Canfora in Napoli nel Real Albergo de' Poveri, nel* 3, *Regimento Svizzero e privatamenti in Città negli anni* 1854, 1855, 1866; and the passages and testimonials referred to are the following:

Page 29, "In the same year, 1855, the cholera broke out in the 3rd Swiss regiment with real fury, and the soldiers were seized with terror when they learned that out of 17 sent to the Military Hospital of the Trinity, 15 died, and only 2 were with difficulty saved. The Colonel, who loved his soldiers as dearly as though they were his own children, in order to save them, sent for me to take charge of the medical treatment of the whole; he placed under my orders two military surgeons of the same regiment. 166 soldiers were affected, some of them very seriously, and were treated by me in the Regimental Hospital with *Camphor* only; they all made more or less rapid recoveries; and I received the thanks and laudations of the Colonel for my services."

Whilst the testimonials 14 and 15, at pp. 79 and 81, express the warmest thanks of the Colonel to Dr. Rubini for the successful results of his treatment of the soldiers in the Swiss regiment,

testimonial 16, at pp. 94 and 95, after enumerating by name all the 183 soldiers who had been affected, goes on to say—

"Of the 183 persons affected with cholera named in the above list, 17 were sent to the Military Hospital of the Trinity, of whom 2 only were fortunate enough not to succumb to the disease. The remaining 166 were cured in the Regimental Hospital by Dr. Rubini's method, *i. e.*, by a strong alcoholic solution of *Camphor*; among these were some who were more and some less severely affected. Particularly to be mentioned is the patient named Knüsli, spoken of at p. 2, l. 20, who not only went through all the stages of cholera, but also of typhus, and notwithstanding was cured by the *Camphor* treatment, and is now in the most perfect health. For the sake of truth I give this testimonial to be used as may be required.

"The Commanding Colonel of the Regiment,

"EDWARD WOLFF.

"NAPLES; *December 14th*, 1855."

Iodide of Arsenic.

By C. E. SANDFORD, M.D., Bridgeport, Conn.

IN a report of the Cook County Medical Society in the November number of the *Investigator*, I find Dr. D— inquired if any member had made use of *Iodide of Arsenic?* The only reply, so far as reported, was by Dr. R. L—, who had used it in diphtheria, chronic skin affections, and in one case of paralysis. Although, unfortunately for me, not a member of the aforesaid Society, perhaps my experience with this valuable remedy may not be uninteresting.

I have used this salt for some time very extensively in my own practice for a large variety of diseases, especially that class of acute or chronic disorders where *Arsenicum* is indicated by rapid emaciation, great thirst, cold extremities, great vital prostration, and morbid cellular irritation, and when in conjunction with these symptoms there is a well-developed, strumous, or psoric diathesis. That this combination is often found in practical medical life, none, I think, will deny. And I affirm that in these cases the *Iodide of Arsenic* will be found wonderfully efficacious.

Although our Materia Medica symptomatology is very meagre in the experimental effects of this salt of *Arsenic*, yet the individual remedies of which this is chemically composed have been fully tested, and from them we may draw practical conclusions.

Let us state, just here, that we believe it perfectly philosophical to draw our conclusion in this manner, from the fact that in this combination (as also in all of the combinations of *Iodine* with primary elements) we have not a *new drug*, but the atomic blending of the two individual elements. Thus *Iodide of Arsenic* is composed of I^3 $Ar.^2$; *Iodide of Potassium* I^1 P^1; *Iodide of Sulphur* I^1 S^2, without the interposition of any other element, which often produces an entirely new medicinal agent. *En passant*, may not the fact that some of our most active remedial agents are produced by the natural monardial intermarriage of great medicinal primary substances, lead us to the conclusion that an All-wise Creator has beneficently ordained this peculiar action in order to furnish us with an agent that shall meet a necessity, producing an action not otherwise attainable. Taking, then, the position that it is homœopathically legitimate, not only to use these natural elementary compounds, but also that it is philosophically proper to use the combined pathogenesis of the two drugs from which to draw practical drug indications, let us for a moment look at the varied range of diseased action which this salt covers. And we may perhaps place primarily upon the catalogue acute and chronic diseases of the mucous membrane; gastro-intestinal, bronchial, and Schneiderian in particular. Therefore it is that this remedy will be found particularly efficacious in active and passive inflammations of these membranes, whenever the prominent or active symptoms indicate *Arsenic*, and the constitutional indications point to *Iodine*. In severe coryza with a strong catarrhal tendency in the system (almost invariably denoting scrofula), when there is a feeling of pungent irritation about the nose and eyes (and, in severe cases, throat and bronchial tubes), with a discharge of irritating watery secretion; with smarting about the eyes and a morbidly active secretion of the membraneous glands; often with some enlargement and inflammation of the tonsils and posterior part of the uvula, the *Iodide* will almost invariably relieve at once. So, also, in many cases of chronic nasal catarrh it is invaluable. In acute

diseases of the alimentary canal and digestive organs, such as cholera infantum, tabes mesenterica, sub-acute gastritis, diarrhœa and dysentery, it will often prove very efficacious. In most of these diseases I have found cases that I could cure with this salt when everything else had failed. I have been called not unfrequently in the last three years to see cases of cholera infantum that had been "given over" by other physicians, where the little sufferers were almost *in articulo mortis*, where there was intense irritation of the gastro-intestinal membrane, with almost constant and often copious watery discharges, distressing nausea and vomitings, intense thirst, with uncontrollable desire for cold water, which would be almost immediately ejected, great emaciation and prostration, peaked cadaverous countenance, with a purple livid hue of the skin, and all of the accessory symptoms indicating the severity of the disease. In these cases, where the children were the offspring of scrofulous parents, especially where there had been previous mistreatment, I have *so far been able* to save every patient with the *Iodide of Arsenic*. And to me it is, under these circumstances, invaluable. No other remedy we possess, with which I am acquainted, would be an efficient substitute. So, also, in the other diseases mentioned, when the symptoms indicate *Arsenic*, and there is evidence of a strumous constitution either in the symptoms present or in the history of the parental branches, the above remedy may be unhesitatingly prescribed. The same may be said in many diseases of the urinogenital organs, especially in the female.

In a very large proportion of skin diseases, for which *Arsenic* is so nearly a specific, the beneficial result will often be much more speedily attained by their combination. I have treated, within the last few weeks, a severe form of psoriasis in a child four months old, who had been treated both allopathically and homœopathically, but which had gradually increased in extent of surface diseased and in the violence of constitutional symptoms, until the little sufferer was almost entirely covered with the inflamed and scaly eruption. In a few days after commencing treatment with *Iodide of Arsenic*, the improvement commenced, and within fifteen or eighteen days the entire surface of the skin was as "smooth as a baby's," and the constitutional symptoms were entirely removed.

I might cite many other cases where its use has been followed

with like happy results; but I prefer merely to stimulate others to its use by the general principles advanced and statements given, rather than by a citation of cases, which must always be necessarily brief and imperfect.

I have usually used the second trituration, either in form of powder or in solution, according to the age of the patient and the violence of the disease, and have obtained equally agreeable results in both forms.—*Medical Investigator*, September, 1867.

The American Institute of Homœopathy.

We have received and have much pleasure in giving publicity to the following circular:

"THE AMERICAN INSTITUTE OF HOMŒOPATHY.

"*Committee of Correspondence.*

"UNITED STATES OF AMERICA,
"*July*, 1867.

"At the twentieth session of the AMERICAN INSTITUTE OF HOMŒOPATHY, held in the city of New York, on the 5th, 6th and 7th days of June, 1867, the following resolution was unanimously adopted:

"*Resolved*—That the American Institute of Homœopathy invites the Homœopathic Physicians of Europe, South America, Australia, and the West Indies to form, in each respective country, a National Institute, similar to the American Institute; and expresses the wish that these Institutes may communicate with each other and exchange, as far as possible, Homœopathic publications.

"Also, that, once in five or ten years, these various Institutes may assemble by delegates in some large city, to hold a general congress for the purpose of promoting the interests of Homœopathy.

"To the undersigned Committee was entrusted the duty of extending and expressing, in the name of the American Institute of Homœopathy, the invitation and the desires embodied in the above resolution.

"The Homœopathic Physicians of the United States have derived much benefit from the organisation of Societies and Associations, which, although in most respects independent of each other, yet work together in harmony for a common object. Thus, for example, in the State of New York, in which the number of Homœopathic Physicians now exceeds 800, there is a Homœopathic Medical Society in each county. By these county societies, delegates are elected to the Homœopathic Medical Society of the *State*. These *County* and *State* Societies are a part of the government of the State of New York, having control over certain matters relating to the medical profession; and they exercise and enjoy equal rights, powers, and privileges with similar Allopathic Societies. In many other States of the Union similar Homœopathic Medical Societies exist.

"The American Institute of Homœopathy was founded in 1844. It is composed of delegates from the above-mentioned societies and from the Homœopathic Colleges, Hospitals, Dispensaries and Journals of the United States, as well as of permanent members. Any duly qualified Homœopathic Physician may become a member of the Institute. There are now more than 3000 Homœopathic Physicians in the United States, of whom nearly one fourth are members of the Institute.

"The meetings of the Institute are held annually in one of the larger cities of the United States. They continue for several days, and the time is occupied chiefly in hearing and discussing the reports of committees on special subjects and those of the various permanent Bureaux of the Institute. These Bureaux are, at present, eight in number, viz. Bureau of Surgery, of Materia Medica, of Clinical Medicine, of Obstetrics, of Anatomy, of Physiology, of Hygiene, and of Statistics.

"Sensible of the advantages of every kind which have resulted from these organisations, the Physicians of the United States, as represented by the American Institute of Homœopathy, desire to call the attention of their colleagues in other lands to these advantages, as well as to avail themselves of the benefits that would be derived from a still more comprehensive organisation of all of the Homœopathic Physicians throughout the world.

"In their name, we invite you to form, if such do not already exist in your country, a national association similar in character to the American Institute, and to exchange communications with

us. On receipt of your acknowledgment of our invitation we shall be happy to send to your National Association copies of the transactions of the American Institute, as well as to receive the publications of your National Society.

"And we should be pleased to learn your views respecting the International Congress proposed in the Resolution of the American Institute.

"Awaiting your reply, we have the honour to remain, with sentiments of great consideration and esteem, your friends and colleagues.

"CARROLL DUNHAM, M.D., New York, N. Y.
"TULLIO SUZZARA VERDI, M.D., Washington, D. C.
"I. T. TALBOT, M.D., Boston, Mass.
"B. VON GERSDORFF, M.D., Salem, Mass."

Committee of Correspondence.

We highly approve of the objects of the American Institute, and invite the co-operation of our British colleagues in carrying out its aims.

Cure with Strychnia.

A MAN, æt. 59, applied for relief from an intense feeling of cold, attended with visible sluggishness of the capillary circulation, especially in the hands and feet, the remnants of an attack of hemiplegic paralysis, from which he had suffered twelve months previously, and from an extraordinary enlargement of the abdomen, which he had been led to believe was dropsical. The abdominal distension turned out, on examination, to be mere tympanitis, from partial paralysis of the muscular coat of the bowels, and small doses of *Strychnia* were ordered (one sixteenth of a grain three times a day). On the occasion of the man's next visit I thought at first that he was drunk, as he had the uncertain gait, meaningless smile, and flushed perspiring cheeks, characteristic of intoxication. To my suprise, however, I found that this effect had been produced by a dose of the *Strychnia* taken half

an hour previously, and he had come to me to complain of the medicine, because it "made him drunk;" this I ascertained, subsequently, by personal observation, was really the fact. The dose was decreased to the one thirty-second of a grain, and the disagreeable effects upon consciousness and co-ordination of movements were no longer observed; but a very remarkable increase of temperature of the surface was still produced by each dose, and by degrees became constant; the capillary circulation was restored to its natural activity, and a very considerable improvement took place in the nutrition of the muscles of the hands, forearms, calves, and soles of the feet. The abdominal distension and the constipation and extremely troublesome tenesmus that accompanied it vanished in about ten days from the commencement of the *Strychnia* treatment; but the remaining symptoms were not completely cured till the medicine had been taken for nearly three weeks. At the end of that time he felt quite well, and was discharged; he begged that he might have the prescription, as the medicine, he said, was like a dram to him, if he felt cold and languid, and "there was no headache after it."—*Anstie on Stimulants and Narcotics*, p. 151.

Poisoning by Strychnia, successfully treated by Cannabis.

By Stacy Hemenway, M.D., Eugene City, Oregon.

The usual fatal results of *Strychnia* taken into the stomach in poisonous quantities, render the treatment of those who recover of considerable interest. The following case occurred seven miles south of this place on the 5th of June, 1867:

James G—, a resident of Lane County, Oregon, æt. 38, swallowed a quantity of *Strychnia* accidentally, at about half-past 8 o'clock in the morning. He had been in the habit of putting *Strychnia* out to kill, as he said, the "varmints," and had carelessly left upon the table a moistened teaspoon which he had been using in the finely powdered substance, a considerable quantity adhering to the spoon. Observing a cup of milk on the table and wishing to drink it, and being withal somewhat under the influence of liquor, he thoughtlessly stirred the cream into the

milk with the spoon and swallowed it. He stated, that immediately after taking the poison, everything seemed to turn green, and he suddenly fell to the floor with inability to move his limbs, while his whole muscular system was in a state of tremor. He remained unable to move until about 2 o'clock p.m., and was unfortunately entirely alone. The nearest house was perhaps a fourth of a mile off, which he succeeded in reaching in the course of two hours, by crawling and walking at intervals between the spasms, which were of frequent occurrence. Vomiting occurred once on the way. A messenger was now sent in haste for me. I reached the patient at about 8 o'clock p.m., nearly twelve hours after the swallowing of the poison, and found him suffering from the characteristic symptoms of poisoning by *Strychnia*, having spasms, extensive, frequent and severe, and excessive spitting of frothy saliva. About five minutes after my arrival a severe convulsive paroxysm occurred, which lasted twenty minutes. These violent spasms occurred at intervals of about half an hour, and about four thrills per minute passing through the system. He was suffering also from spasmodic contraction of the muscles of the chest about four times in a minute, with a feeling of impending suffocation. There was marked rigidity of the cervical muscles, the jaws were set, and he complained of a sense of constriction of the fauces, with difficulty of swallowing. The extremities were cool, countenance anxious, pulse 110 to the minute, and the mind clear and perfectly sensible. Having with me the *Cannabis indica* in the form of the alcoholic extract I immediately administered 4 to 5 grains in pilular form, and repeated the dose in five minutes; then four similar doses at intervals of ten minutes; afterwards three such doses at intervals of fifteen minutes, with a rapid amelioration of the symptoms. Symptoms of the intoxicating effects of this drug began now to be slightly developed. The administration of the remedy was suspended for an hour, and then resumed in gradually diminished quantities, alternated with *Spirits of Camphor* in drachm doses every fifteen minutes, until four doses of each were administered, when the patient began to be comparatively quiet, with a strong tendency to sleep. He began to sleep well at about 2 o'clock a.m.; I left directions with an attendant to administer a similar dose of each, one hour apart.

During the administration of these remedies the spasms

gradually grew less violent, together with a gradual diminution in severity of the tremulous movements running through the system. The patient slept well until late in the morning, when he awoke complaining of extreme exhaustion with general muscular soreness. A very slight thrilling sensation running through the system still prevailed. The patient was directed to take one three-grain pill of the extract *Cannabis* every two hours for six hours, alternated with drachm doses of the *Spirits of Camphor*. Nutritious diet with tonics soon rendered recovery complete.—*Pacific Med. and Surg. Journal.*

Spigelia in Angina Pectoris.

By L. KENDALL, M.D., Chicago, Ill.

Mrs. —— had suffered for about fifteen years with attacks of severe pain in the epigastric region. She would be first suddenly seized with severe pain in the left side of the chest—about the region of the heart. The pain seizes her with such violence that it "almost knocks me down," as she expresses it. It then passes rapidly around the body, from left to right—seemingly on the inside—to the *scrobiculus cordis*, where it remains about twelve hours, and then passes away of its own accord. The pain is spasmodic in character, and often induces vomiting. The vomited matter seems to be the contents of the stomach—food, mucus, &c., but no bile. These attacks recur every few weeks, but with no distinct regularity. They seem to have no relation to the menstrual period.

She had tried many physicians, and all kinds of medicines, but none of them succeeded in shortening the attacks, or preventing their recurrence. She came to the conclusion there was no help for her, and bore her sufferings with meekness.

After trying without success many remedies that seemed indicated as *Cactus*, &c., I gave her *Spigelia* 3rd. In a short time she was easier, and in four hours completely relieved. A subsequent attack was cut short at once, which was the last she had to my knowledge. I lost sight of her about eight months thereafter. —*Med. Invest.*, November, 1867.

Egyptian Medical Students in Edinburgh.

Students come from almost every known country in the world. There were some Egyptian students in Edinburgh a few years ago, whose adventures are worth relating.

The late Pacha of Egypt sent over a few of his subjects to learn British medical practice at that celebrated university, and they acquitted themselves extremely well, for they had to learn Latin and English (Greek was excused) in order to understand the lectures and technical terms. They were gentlemanly men, handsome, olive-complexioned, and very much like the figures on the ancient monuments. One of them took a Scotch wife home with him. They had passed their first three examinations on their first three years, when the Pacha died, and his successor, not caring about the expense, ordered them back immediately. They were in great distress at this, and petitioned the Senate of the University to appeal for them to the Pacha. The Senate accordingly represented to the Turkish ambassador that the money already expended would be wasted if they went home at the commencement of their fourth year, just as they were beginning to learn the practical part of the profession. The ambassador then obtained permission for them to stay another year, on condition that they became M.D. at the end of it, and learned how to manage the electric telegraph besides; but if they did not, then

.

So they all hurried away to the telegraph office, and got up the telegraph thoroughly; but, alas! they were not equally well versed in their medical subjects, and the examiners reluctantly felt obliged to pluck them, if only to keep up the credit of the university.

The disagreeable duty of telling them this fell to Professor Christison; and as he communicated the dire intelligence to them in his usual kind manner, he could not understand the sudden and excessive collapse into which they all fell. He tried to comfort them by saying it was no disgrace to them—they had tremendous obstacles to contend with, studying a difficult subject in a foreign language—a little delay was all that was necessary—in another year they would pass triumphantly.

But they were not to be comforted, and at last one of them asked him if he knew what would be the consequence of their being plucked. Again Dr. Christison answered, "Only a little delay."

"Ah, but I mean at home, not in Edinburgh."

"Oh, they need know nothing about it at home."

"But, sir, the Pacha swore that if we did not present ourselves with our diplomas in another year he would cut off our heads!"

It was now the Professor's turn to be startled; but at first he thought it was only a ruse. However, they were still in a state of mortal terror; so the Senate inquired of the Turkish ambassador whether such had been the Viceroy's threat. The ambassador replied that the Pacha of Egypt had certainly said so, and there was not the least doubt that he would keep his word! The Senate was so dismayed at this intelligence that, to keep the poor fellows' heads on their shoulders, they were all passed, the Senate deriving some small comfort from the reflection that they were going to practise only upon darkies, so that not much harm would be done. This occurrence took place before the Pacha had presented his subjects with a "Constitution," as it is almost needless to observe.—(*Pacific Med. and Surg. Journal.*)

[Of course we do not vouch for the truth of this, which we suspect to be a *canard* from San Francisco.—EDS.]

Gelseminum Sempervirens.

In answer to an inquiry made through the Philadelphia *Medical Reporter*, concerning this plant, Dr. D. L. Phares replies, that "having used it some thousands of times, in many different diseases as well as in health, experimenting on myself, I have a right to speak." His experience gives it a valuable place in all fevers. In *typhus* and *typhoid* it must be used mainly in the early stages, when it will do much to abbreviate their duration. It should then be given liberally; but in the later stages the benefit is not so marked, and smaller doses are required. *Yellow fever* is remarkably modified and shortened by its use. And both *remittent* and *intermittent fevers*

are often aborted or subdued, even after want of success with quinine. *Neuralgia* and *spermatorrhœa*, or *prostatorrhœa*, are often subdued in an astonishing manner by a few doses, or even one full dose, of the *Gelseminum*,—this, of course, through its sedative influence upon the nervous system. *Gelseminum* is a parturifacient, causing relaxation of the *os* and increasing the expulsive power. It is of great advantage in *dysmenorrhœa*, and Dr. Phares highly recommends it in *dysentery* both by the mouth and by enema, locally in *otitis*, in habitual *wakefulness*, *delirium tremens*, *metritis*, *peritonitis*, and *acute inflammatory rheumatism*. The dose varies from ten drops to a drachm of the tincture (four ounces of the fresh root to sixteen ounces of dilute alcohol), and is best given largely diluted with water. In combination with *Veratrum viride* its power is much augmented. It is not a dangerous remedy if used with ordinary care, nevertheless large doses are poisonous and sometimes fatal. Dr. Phares is enthusiastic in praise of the *Gelseminum:* we only hope that it will do in other hands a moiety of what it has done in his.—(*Pacific Med. and Surg. Journal* [*Allopathic*]).

Reunion of an Amputated Finger.

By Walter Bernard, L.K.Q.C.P.

On the 16th of November, Michael Nellis (shirt-collar cutter, aged 19 years), while removing "a cut of collars" from a circular knife impelled by steam, had half an inch cut off the top of the middle finger of the left hand, including the pulp and portion of the nail. The line of separation ran in an oblique direction. I saw him ten or twelve minutes after. He was depressed, pale, cold, and shivering. I inquired if the piece could be found. In a few minutes it was brought to me dirty, out of some rubbish. Having very gently removed all particle of dust and blood, I replaced the piece and adapted the cut surfaces, the portion of nail attached to the separate part being a guide to perfect coaptation. It has now (November 27th) united throughout, healing near the nail by granulations, the remainder by the first intention. I ascribe my success to the perfect coaptation of the

surfaces, warmth, a good constitution, and securing the hand across the chest in order to prevent the finger from being jarred during sleep, and the parts disturbed. I adduce this as an additional case in proof of the prudence of making a trial to secure the reunion of separated parts.—*Med. Press and Circular.*

Characteristics for Digitalis.

By R. Arnold, M.D., Crigler's Mills, Mo.

Miss M—, æt. 17, of lymphatic temperament, light hair, blue eyes, was suddenly seized, September 7th, with violent diarrhœa. The discharges were watery, and painful. She complained of chilly sensations, with pain in the back, limbs, and head. Pupils dilated, with great aversion to the light. As soon as she lay down in bed, she fell into a stupid state, with constant muttering, or loud talking. She seemed to be in a quarrelsome mood, and kept calling the family, one by one, by name, telling them to see her feet, that they were covered with spiders, that flies were crawling upon her hands, and wasps were stinging her.

This is, as near as I can recollect, the condition when I was called to treat her, which I objected to do, as other members of the family were bitterly opposed to my practice. I advised them to call their own physician—an allopath—and took my leave. He came, and diagnosed bilious intermittent fever, congestion of the brain, and flux. He gave an enormous dose of *Opium*, then *Calomel*, one dose, with orders to give five grain doses of *Quinine* in four hours. In two days it was reported to me that she was convalescent; still she could not see a person across the room. At the end of four days, I was consulted to cure a mercurial sore mouth, which was readily accomplished with *Kali hydriod.*, in solution (one grain to an ounce of distilled water), used as a gargle. As soon as her mouth was well, all her former symptoms returned. The pain in her head, she said, seemed to start from the eyes, as soon as uncovered, and dart like electric flashes to the brain. She was troubled with persistent and most distressing nausea, but no vomiting. All this time her pulse was about 40, full, strong, yet easily compressible. Heart's action

very slow, but very forcible. I prescribed *Ipecac.* 3rd dilution, three drops in two ounces of water, a teaspoonful to be taken once in two hours, until its effect was perceived; nausea allayed; then *Belladonna*, 6th c. dil., four drops in the same amount of water, same dose once in four hours.

I returned next day, and found my patient more comfortable. Diarrhœa diminished, nausea gone, pulse same, lower extremities cold to the knees, and temperature of the head slightly increased. Pain in the head described as covering the top of the head, like a hat, with dartings from the eyes. When the eyes were exposed to the light, she could not distinguish persons the length of the bed from her.

The case continued, without any change of importance, for a week, in spite of all I could do. (I had no one to counsel with, nor have I had ever since I commenced the practice of homœopathy.) The case demanded immediate relief, and her friends were growing clamorous. I was riding along, conning over the *Materia Medica*, when I thought of *Digitalis*. Several years ago, when I first commenced practice as an allopath, I had a case of poisoning by *Digitalis*. I remembered it as if but yesterday, the symptoms corresponded precisely. I proceeded to the house, and told the lady I was going to prescribe the remedy which would cure her, so sure was I of its homœopathicity, and the result justified my expectations.

I prescribed three drops of the 3rd dec. dil. in two ounces of aqua, a teaspoonful once in four hours; and before the time came for the second dose, she could see across the room, and bear the handkerchief removed from her eyes. I visited her next morning, and found her *sitting up in bed*, complaining of nothing, except hunger. She made a rapid recovery.

These are the symptoms that guided me in my choice of *Digitalis*:—Pulse unnaturally slow, and full; pupils dilated, and great sensitiveness to light; the peculiar delirium; pain darting from the eyes to the brain; coldness of lower extremities.—*Med. Invest.*, Dec., 1867.

Medical Intolerance in America.

[The old school in the New World seems quite as intolerant, and as addicted to persecute heretics, or those suspected of intercourse with heretics, as their brethren on this side the Atlantic. Of allopathy in America we may say "Cœlum non animam mutat." We have much pleasure in giving publicity to this instance of Transatlantic bigotry and intolerance.]

The Suspension of Dr. Gardner from the New York Academy of Medicine.

There has been a rumpus in the New York Academy of Medicine: its royal stomach has been made sick: a member has been suspended from this mighty conclave of medical wisdom and *liberality*. The New York Academy of Medicine considering itself the ultimatum of all that is good and great, and wise and noble, and sanctified and just in medical science, has been aggrieved and insulted. Its laws of ethics have been violated; its moral dignity has been degraded; one of its members has been cast out; its doors have been shut; its members hold their nostrils from the ill-favoured odour arising from the acts of one of its great men.

Dr. A. K. Gardner, a practitioner of over twenty years' standing, a scholar and a gentleman of the highest respectability in the community; the translator of Scanzoni on *Diseases of Females*; the author of *The Causes and Curative Nature of Sterility*; editor of *Tyler Smith's Lectures on Obstetrics*; Professor of Clinical Midwifery and Diseases of Women, in the New York Medical College; author of Monographs on *Ergot, on Uterine Hæmorrhage, Ruptured Perineum*; permanent member of the National Medical Association; member of the Massachusetts Medical Society; member of the New York Pathological Society; Physician for Diseases of Women in the New York Northern Dispensary, &c., &c., &c.—this gentleman, we say, bearing all these titles, and who is widely known throughout the country, consulted with a homœopathic physician and was suspended—(hung by the neck until he was dead)—in the eyes of the Academy. For the glory and good of homœopathy, for the spread of progress in medical

reform, for the advancement of scientific liberality, and to the eternal shame and disgrace of the New York Academy of Medicine be this fact published wherever a periodical circulates, or where word of mouth can perpetuate it.

Dr. Gardner had an intimate friend—by name Dr. Bartlett—a physician of long standing, and who was a graduate moreover of that *wretchedly* regular school of medicine which denies liberality of speech, liberality of thought, liberality of act, liberality of deed, in fact all liberality which science and the nineteenth century would approve. Dr. Bartlett had seen fit, in addition to what he knew of old medicine, to study and practise according to the new school, and, with this learned friend, Dr. Gardiner consented to consult in a case of disease. For this *act* he was suspended from that noble-spirited association, the New York Academy of Medicine. We thank God from this moment that we are not members of such an academy. Men—intelligent, learned, scientific and enlightened men—in this century will not, nor cannot be controlled by any such arbitrary jurisdiction as this so-called academy of medicine would assume. The New York Academy of Medicine no doubt dictates to its members on what days they shall have mutton chops for breakfast, and on what mornings the matutinal meal shall consist of eggs. It, no doubt, chooses the politics of each of its members, and directs them to what church they must repair on Sunday to worship God *secundum artem;* it tells them how many buttons each man must wear on his waiscoat, and at what angle he must turn out his toes when walking; and if an unfortunate member should be found in any way derelict in any of the above rules he must be *suspended*, hung, decapitated, cut off from all social intercourse, and left to die a miserable outcast. Out upon such acts as these! The public prints in this country will take up such intolerance; they have done so, and will do so again; the whole spirit of the age is against it; all the tendencies of the people are against it, and such acts will not go either unnoticed or without censure.—*Western Hom. Observer*, November, 1867.

Tea and Coffee: their Effects on the Human System.

By I. D. JOHNSTON, M.D.

The duties which pertain to a physician do not merely consist in the administration of pills and powders, but in that which is of far greater importance—the prevention as well as cure of disease.

It may with propriety be said, that nine-tenths of all the diseases which afflict humanity, and especially those of a chronic character, might easily be avoided by obedience to the known laws of health. We indulge our appetites and inclinations in violation of those laws until overtaken by disease, which is the penalty we suffer for the "sin of being sick."

Very little is known by the people at large of the pernicious and disease-producing effects of tea and coffee when used as a beverage. We are convinced by many years of observation, and the testimony of some of the best medical men of ancient and modern times, that very many of the diseases which we are called upon to treat, as dyspepsia, nervous and sick headache, heart diseases, paralysis, epilepsy, neuralgia, &c., &c., are the legitimate and certain fruit of these narcotic stimulants.

No one has written better on this subject than Hahnemann, and the essay which he published upon coffee will endure as long as the English language. He describes a number of diseases induced by this beverage, and assures us that it is a most insidious and dangerous enemy, one which is silently, though slowly, undermining the very citadel of life itself.

Dr. Bell, in his *Catechism of Health*, says expressly, that coffee has a pernicious effect upon the stomach, bowels, and *nervous system generally*."

Dr. Shurtleff, of Boston, says, "Of all the common beverages drunk in society, coffee is decidedly the worst."

Mr. Graham, in his *Lectures on the Science of Human Life*, declares that "both tea and coffee are among the most powerful poisons of the vegetable kingdom."

Dr. Combe, in his work on *Digestion and Dietetics*, observes that "tea and coffee not only ruin the stomach, but very seriously derange the health of the brain and nervous system."

Dr. Teste says that "coffee is responsible for perhaps six or seven tenths of the neuralgias we have to treat daily."

We could extend these quotations so as to form a body of evidence that would be hard to resist, but these are sufficient for the present purpose. Our own experience fully coincides with the testimony above given, and we are convinced that tea and coffee do not only excite all the morbid conditions set forth above, but many more. That they do not do so in all cases, can only be explained by the peculiar idiosyncrasy of each individual case.

To illustrate this subject still further, we will present a few cases which have recently come under our own observation. The first is that of a middle-aged married lady, and mother of four children. She had been subject to violent attacks of sick headache for many years. They would come on every week or two weeks, and last two, three days. The greater part of the time the patient would be obliged to keep her bed. It would commence with a severe boring pain in the fore part of the head, attended with sickness of the stomach, increased by movement, and especially rising up; vomiting of a green, watery fluid, of an acrid, sour taste. Pain somewhat relieved by placing a bandage round the head. I gave her various remedies, among which were *Aconitum, Arsenicum, Belladonna, Bryonia, Chamomilla, Pulsatilla, Nux vom.*, &c., with only partial success.

Believing tea and coffee to be the chief cause of her difficulty (though she used them very moderately), I induced her to abstain from both, and in a few days, to her great delight, she was well, and remained so for two months, when a cup of strong black tea, drunk while on a visit to a friend, brought on a severe attack of her old complaint. Since then she has strictly avoided these beverages, and has no more sick headaches.

A bright, intelligent lad, ten years old, was in the habit of getting up nearly every night in his sleep and wandering about the house, often crying, and greatly distressing his parents. This boy was completely cured in a week by total abstinence from coffee.

An intelligent lady related to me a few days since a similar case, that of a young lady, who would leave her bed at night crying at the top of her voice, and, if spoken to, would immediately go into spasms. This young lady, too, was cured permanently by avoiding the use of tea and coffee.

The last and most interesting case which I will relate is that of a married lady, aged 38 years; has always enjoyed good health,

and never drank either tea or coffee till within a few years, and then very weak, as she styles it. For the last three years she has suffered with the following symptoms: Gradual loss of eye-sight, which is transient, varying in degree, and returning only at intervals. When reading, the letters run together, and she is obliged to desist; sometimes the least exertion of the eyes is attended with pain; at others, great desire for stronger light; after sleeping, inability to open the eyes, the lids seem as if paralysed; on lying down at night the bed and everything in the room seem to be turning round, and when in the act of going to sleep, great jerking and twitchings of the muscles of the extremities. All these symptoms grew more and more aggravated; her eyes became so weak and painful that at times she could not read half a dozen lines at a time, nor do any kind of fine needle-work whatever. Glasses were of little or no benefit, and my patient became seriously impressed with the belief that, to use her own words, she would "go entirely blind."

Up to this time, February 1st, she has taken various remedies in different strengths, from the 30th to the 600th potency. I have consulted several physicians with reference to the case, but all to no purpose. I had frequently told my patient that it must be tea or coffee that affected her thus, but her reply would always be, that "I drink so little, it can't be that."

However, things began to wear a serious aspect, and my patient resolved to abstain from these favourite beverages. At the end of a week she could read six editorial columns of the *Tribune* without difficulty. The vertigo, paralytic weakness of the eyelids, and the twitching of the muscles have all vanished, and up to the present time she has remained comparatively well. Several times she has taken a cup of tea or coffee to confirm the truth of this matter, and invariably has it been followed by a return of the same morbid conditions.

We could cite many more cases to prove the baneful effects of tea and coffee upon the human system. Those we have presented are, we think, sufficient to call attention to the importance of the subject, which we believe to be greatly underrated by a majority of the physicians of our school. Indeed, we have been surprised to find that some of us, calling ourselves homœopathic physicians, have sanctioned the use of tea; yea, even coffee, while under homœopathic treatment. Can it be that the teachings of Hahnemann are a farce, and that we are practising a delusion?

Or, are we gradually, but steadily, floating into the dusky maze of eclecticism, where we are certain to reap the reward of all those that follow in its footsteps?

It does seem to me that we, as homeopathic physicians, who claim to be in advance of our brethren of the would-be "regular," "legitimate," "orthodox" persuasion, should discountenance the use of these disease-producing agents, not only while the patient is under treatment, but also as a common beverage. For how can we expect to cure a disease by the administration of remedies while the exciting cause still remains to exert its deadly influence and prolong the suffering of the patient.—*Hahnemann Monthly.*

Cimicifuga in Melancholy. By E. M. HALE, M.D., Chicago.

The case which I shall narrate came under my observation and treatment in the month of March, 1867. My patient was a lady about thirty-eight years of age, the mother of several children, the youngest a nursing infant of twelve months. She was a person of some culture and refinement; "always cheerful," I was told by her husband; very affectionate, and attentive to the needs of her family. She came of a healthy family, in which there had never been any insanity known. Her health had always been very good. She had occasional "bilious attacks," and now and then facial neuralgia.

In getting the history of the case from the lady and her family, I ascertained that the first complaints were of debility. She thought she was nursing her child too long. Soon after these complaints, it was observed that she talked less than usual to the children, conversed less with the family and friends, showed a disinclination to society, became fretful, scolded the children severely about trifling matters, was irritable towards her husband, wished to be left alone, and, when unobserved, put on a look of extreme sadness and dejection. This mental condition had been present several weeks before I treated her. She objected strongly against having medical advice, but was persuaded to allow me to prescribe once. I had called frequently to prescribe for the family, but she always said to me she was "well enough."

I found her in apparently good physical health. Her pulse was regular, about eighty per minute; tongue clean; appetite rather poor, however; bowels regular. No pain or discomfort was complained of. She admitted that she felt very weak all the time. She frankly talked about her mental depression; said it was unaccountable to herself why she felt so melancholy, there was no cause for such a state, no domestic trouble, everybody was kind to her; but she could not throw off the cloud of gloom which oppressed her. She said she seemed "enveloped in a dark mist which had settled down upon her brain, and would not be lifted off."

She was not "nervous;" and the symptoms described by Winslow as indicating impending mental alienation were not present.

"In this incipient phase of mental derangement," says Winslow, "he shakes with fear at the reflection of his image, crouches with apprehension at the reverberating sound of his own footsteps, trembles at the melancholy sighing of the wind through the neighbouring copse, turns pale at the echo of his voice," &c.*

There existed in her mind, however, an indefinable fear of impending trouble. This fear followed her into the land of dreams; for, in her uneasy slumbers, she dreamed of intangible catastrophes, and would awake in great anxiety. She moaned and sighed in her sleep, but did not weep, either when sleeping or waking.

Her condition is better described by the poet:—

> "Black Melancholy sits, and round her throws
> A deathlike silence and a dread repose;
> Her gloomy presence saddens every scene,
> Shades every flower, and saddens every green;
> Deepens the murmur of the falling flood,
> And breathes a browner horror on the wood.†

Winslow says, and other writers mention, that, in incipient insanity, the melancholy moods alternate with moods of mental exaltation. But my patient never had any joyous moments in which she was free from the gloomy mist which had enwrapped her.

My *diagnosis* was, melancholy from prolonged lactation.

* Winslow *On the Brain and Mind*, p. 222.

† Pope.

The *prognosis*, favorable, if the child was weaned, and the proper remedies taken.

She utterly refused to wean the child, and showed such a disinclination to medicines, that I prescribed a more nourishing diet,—beef-tea, meats, eggs, milk, and black tea instead of green tea and coffee.

This change in diet she carefully carried out, and even drank, at her meals, a little Angelica wine; but, at the end of a week, her mental condition was no better, although she said she felt a little stronger. After considerable solicitation, she was induced to allow me to prescribe a medicinal remedy, which she promised faithfully to take.

The selection of the proper remedy became a very important matter in this case. Jahr., in his work on *Mental Diseases*, mentions the following remedies for melancholy: *Verat.*, *Ars.*, *Aur.*, *Bell.*, *Calc. caust.*, *Graph.*, *Ign.*, *Lach.*, *Natr. m.*, *Puls.*, *Rhus*, *Sulph.*; but, after carefully reading the indications laid down, I could not decide on one of them. The selection was difficult, because there were no "characteristic symptoms," if we except the "gloomy cloud which seemed to envelop."

In this dilemma, I was led to study the effects of *Cimicifuga*. The pathogenetic symptoms of the mental sphere caused by this drug are,—

Miserable, dejected feeling, mind dull and heavy;

Feels grieved, troubled, with sighing;

Disturbed, restless, unrefreshing sleep;

Unpleasant dreams of being in trouble, of being in sad plight.

These symptoms of *depression* alternate with, or are followed by,—

Pleasurable excitement;

Exhilaration of mind;

A feeling of tremulous joy, mirthfulness, playfulness, and clear intellect.

In looking over the clinical experience, I found *Cimicifuga* had cured the following symptoms:—

She was extremely restless and apprehensive;

Totally unable to sleep at night.*

In the notable case of puerperal mania, cured with *Cimicifuga*, the following symptoms were present:—

She was in the lowest possible state of depression;

* Dr. C. C. Smith, *New Remedies*, p. 213.

A perfect picture of mental misery and unhappiness;
*A cloud of misery darkened her existence.**

Cimicifuga was the remedy decided on. It was prescribed in the first decimal dilution, ten drops to be taken one hour before each meal, and again on going to bed.

On the fourth or fifth day of the medication, I called, and found her more cheerful. She admitted that she felt better since she had used the medicine, and was anxious to continue its use,—wished to take more of it. The remedy was continued as before; and, in six days a decided change had taken place in her condition, perceptible to all her family and her friends. I now substituted the third dilution, and amendment progressed rapidly. At the end of the third week of treatment, she said she felt as clear and cheerful in her mind as she ever did: but her physical weakness was felt more and more as the mind was relieved.

For this debility, which was evidently from the loss of milk,—for the child still nursed, and demanded a large quantity,—the increased nutritious diet was advised, and the *Hypophosphite of Potash* was prescribed; ten grains in one ounce of simple syrup, twenty drops two hours after each meal, and ten drops of *China* $\frac{1}{10}$ one hour before each meal. Under this treatment, and a partial deprivation of the child from the breast, my patient rapidly recovered her strength; she gradually weaned her child, which passed through the summer following without any serious illness.

I met the lady a few days ago, when she took occasion to refer to her depressed condition, but remarked that, if she ever became similarly afflicted again, she knew the same remedy would restore her to her cheerfulness.

This case is valuable, because it affords a verification of some of the *pathogenetic* symptoms of the drug, as well as a verification of the *clinical* observations of two physicians, one a member of our school, the other a distinguished professor in the allopathic school. It shows, also, that the dose to be used is not *arbitrary*, and need not be a high potency; for—

Dr. Smith's cure was made with the third dilution;
Dr. Simpson's with fifty drops of the mother tincture;
My own cure, with the first decimal dilution.

Should a similar case come under my care, I should try the

* Sir J. Y. Simpson, *New Remedies*, p. 227.

30th; and, if this cured, I should, if the opportunity presented, try the 200th or 2000th.

These three cases, together with several others which have occurred in my practice, satisfy me that the *Cimicifuga* is a potent remedy in some psychical disorders, obscure in their origin, and presenting the symptoms recorded above.

It will doubtless prove as useful in those states of alternate depression and exaltation, or sadness and mirthfulness.

In any of these conditions, there *need not* be present any *concomitant* uterine disorder; for my patient has no ascertainable disease of the generative organs.

It is a fact, however, that it has been found most useful in the melancholy of pregnant and puerperal women, and in women at the menstrual periods.

The melancholy of drunkards after a debauch, of watchers after a loss of sleep, of persons who have suffered from loss of fluids, and the emotions of grief and sorrow, are probably amenable to the curative powers of *Cimicifuga.—New Eng. Med. Gaz.*

Veratrum Viride in Cerebral and Cerebro-Spinal Affections.

By E. M. Hale, M.D.

The experience and investigations of the last four years have convinced me that we have in *Veratrum viride*, a remedy for diseases of the brain and central nervous system, which far exceeds in efficacy *Aconite, Bryonia, Belladonna or Glonoine*, upon which homœopathists have been wont to place reliance.

For several years I have been in the habit of resorting to the administration of *Ver. v.*, whenever in the course of, or at the onset of, a fever, a decided tendency to the brain manifested itself. It has been the custom of homœopathicians to alternate *Belladonna* with the *Aconite*, or leave the latter and give the former alone, in each case. Such was my practice for many years, or until I became acquainted with the virtues of *Veratrum viride*. I am better satisfied with the use of this medicine in all forms with cerebral symptoms, than with my previous use of *Aconite, Belladonna, Bryonia*, or any other remedy.

In the first edition of *New Remedies*, I expressed an opinion

that the *Veratrum viride* would prove of greater efficacy in some cases of fever than any other medicine.

Several cases were given, some contributed by my colleagues, others by myself, which appeared to form the truth of such opinion. Many cases were quoted from allopathic authorities, which proved, as far as human testimony could, that this medicine certainly possessed great curative power in some diseases of the brain and nervous system. The *second* edition of *New Remedies* has been greatly enriched by new observations relative to the toxical and pathogenetic action of the drug, also by numerous clinical cases from homœopathic sources, which show clearly its curative action in certain diseases of the cerebral and cerebro-spinal system. I would call attention in particular to the case of poisoning of a child, reported by Dr. Burt.* In this case spasms of a peculiar character occurred, with rigid jaws, body bent backward, arms rigid and thrown above the head, *with* vomiting, &c.

I would ask the physician who likes to investigate the action of medicine, to compare this case of poisoning with the cases of diseases treated with the *Veratrum viride*, reported by Dr. Fisher† and Dr. Williams. In those cases the symptoms were notably similar, and doubtless proceeded from the same pathological condition of the brain or spinal cord. *Aconite*, *Belladonna*, and other medicines were powerless, while *Veratrum* certainly saved the lives of the patients.

If we compare the prominent *symptoms* occurring in the course of each disease as basilary meningitis, acute hydrocephalus, cerebro-spinal meningitis, and irritation of the base of the brain in teething children, or from almost any cause, we shall find that *Veratrum viride* has *caused* the majority of them.

We find the following symptoms have been *caused* by *Veratrum viride:*

Dizziness and pain in the head *with* dimness of vision, dilated pupils *and* vomiting.

Rigidity of the jaws (trismus), spasms with violent shrieks, in which the whole body was bent backward, the arms rigid and extended above the head (opisthotonos), *with* dilated pupils *and* vomiting.

Constant aching pain in the back of the neck and shoulders so

* *Materia Medica of New Remedies*, p. 1030.

† Ibid., pages 1039 and 1040.

violent he could not hold his head up. Contortions of the muscular system, particularly of the face, neck, fingers, and toes.

Head drawn to one side, mouth drawn down at the corner, convulsive twitching of the facial muscles.

Tonic spasms; shocks like galvanic shocks, frequently of such violence as to precipitate the patient out of bed. [These last symptoms rigidly picture forth a choreic condition. They were observed by an allopath (Dr. Coe), and yet other allopaths* report cases of very severe chorea cured rapidly by the *Veratrum viride*. Will they ever see and acknowledge the truth?]

Without reporting in detail all the cases in which I have used the *Veratrum viride* successfully since the publication of my work, I will briefly enumerate some of the most important.

1. Two cases of *cerebro-spinal fever*, with high inflammatory action, preceded by a congestive chill, and attended by delirium, vomiting, dimness of vision, dilated pupils, intense headache with pain in the cervical region; rigidity of the neck, the head drawn back to a great extent, or to one side, flushed face and great restlessness. In the first of these cases after *Belladonna* had failed to cause any improvement, *Veratrum* was given with prompt results. In the other case the *Veratrum* alone controlled all the symptoms.

2. Several cases of *basilar meningitis* in some of which *Belladonna, Sulphur, Zinc, and Glonoine*, so highly recommended by Dr. ——,† were all given without the slightest benefit, but were benefited by the administration of *Veratrum viride*.

3. Many cases of *cerebral irritation* similar to those I used to treat with *Belladonna* and other remedies, but which in spite of all I could do run into hydrocephalus. Knowing the utter uselessness of trying the old remedies over again, I resorted at once to *Veratrum viride*, and had the satisfaction of seeing the ominous symptoms rapidly disappear in a few hours, leaving the children in excellent condition.

I cannot in this short paper give all the symptoms which I consider as indicating this medicine. Some of them are mentioned above, the others are those we have been accustomed to consider as indicating the use of *Aconite, Bryonia, Belladonna*, and *Glonoine*.

* *New Remedies*, 2nd edition, p. 1036.

† *U. S. Medical and Surgical Journal*, vol. ii, p. 40.

I will remark *en passant* that I value *Sulphur tincture* or 30th more highly in brain affections, than any of the last-named medicines. I believe *Sulphur* hastens and increases the curative action of *Veratrum viride* in such cases.

Dose.—In cases occurring in adults I usually prescribe the *first* decimal dilution in doses of three to five drops every hour, in some cases, or ten drops of the mother tincture in a few ounces of water, a spoonful as often as seems requisite. For children the *second* dilution administered in the same manner, is quite sufficient.

I would urge it upon my colleagues to study carefully the toxical effects, pathogenetic action, and clinical results, which have followed the use of *Veratrum viride*, and then boldly test its value in the diseases above mentioned.

If their experience coincide with my own, they will be highly gratified, and have the satisfaction of curing a greater number of patients than they have been able to cure with the medicines usually given.

The physician should be satisfied that the tincture he prescribes is pure and reliable. A good deal of the tincture of *Veratrum viride* sold in the pharmacies is almost inert.—*North Amer. Journ. of Hom.*

Tænia Solium. By COATES PRESTON, M.D.

Having, many years since, heard of pumpkin seeds as a remedy for tapeworm, and recently reading Prof. Hale's article in the *Medical Investigator* of April last, on this subject, I resolved to test this remedy the first opportunity. Fortunately I had not long to wait.

Mrs. H—, aged fifty-six, a patient I had occasionally treated for the last few years for nervous dyspepsia and anorexia, came to my office some weeks since, complaining much of gastric trouble with great lassitude and want of appetite. She stated that she had been discharging worms which, from her description, answered well to the segments or links of the common tapeworm. I directed her to retain some of them for inspection, and on examination my supposition was fully confirmed. She had been discharging from six to twelve of these segments daily for the last ten weeks, measuring each about an inch in length and four lines in width.

I adhered strictly to Prof. Hale's prescription: One ounce of the peeled pumpkin seeds, bruised thoroughly in a mortar, and saturated with milk, to be eaten in the evening after fasting through the day; on the following day, at seven a.m., two drachms of *Sulphuric ether*, and one hour later an ounce of *Castor oil*. In one hour after taking the oil, the parasite was expelled, measuring twenty-five feet in length and fully six lines in width; and in addition there were forty detached links measuring each about an inch in length, which would make the enormous aggregate of twenty-eight feet. Having no microscope at hand, it was impossible to decide whether or no the head was expelled, but as the terminal end tapered to a point as fine as a cambric needle, we feel quite satisfied that the expulsion was complete.—*Hahnemannian Monthly.*

BOOKS RECEIVED.

Handy Book of Veterinary Homœopathy, by J. Moore, M.R.C.V.S., 1867.

Announcement of the Hahnemann Medical College of Philadelphia, for 1867-68.

The Application of the Principles and Practice of Medicine to Obstetrics, by Dr. Guernsey. Philadelphia: Baricke, 1867.

Diphtheria, by Dr. Neidhard, 8vo, pp. 176. Radde, New York, 1867.

Crotalus Horridus in Fevers, by Dr. Neidhard, 8vo, pp. 87. Second Edition. Radde, New York, 1868.

Neue Zeitschrift für Hom. Klinik.

The American Homœopathist.

El Criterio Medico.

La Reforma Medica.

The Hahnemannian Monthly.

The American Homœopathic Observer.

The Chicago Medical Investigator.

The North American Journal of Homœopathy.

The Western Homœopathic Observer.

L'Art Médical.

Bulletin de la Société Homœopathique de France.

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HOMŒOPATHY.

REFLECTIONS UPON DR. TESTE'S "COMPLEMENTARY THERAPEUTIC LAW."

By Dr. Henry R. Madden.

In the last number of this Journal Dr. Teste's essay on this subject is given to us, and the author tells us that should his formula prove true, it "will go some way towards helping to solve the much vexed problem of the dose." This formula may be expressed briefly as follows:

Two maladies, the one natural and the other artificial, may extinguish each other, if homœopathic to one another, altogether irrespective of their relative intensity, whence it follows:

1. That a slight natural disease may prevent the disastrous effects of a poisonous dose, provided the poison is exactly homœopathic to the disease.

2. That an excessively minute dose of medicine may extinguish a very severe disease, provided it is exactly homœopathic to the disease.

Dr. Teste gives cases to prove this, viz. fourteen cases of poisoning by *Bell.*, where two of the patients, who had taken quite as much as the others, were scarcely affected by the

drug, but were cured respectively of an acute blepharitis and a gastrodynia, while five others recovered rapidly under *Opium* 3. He also relates a case of poisoning by *Laudanum*, which speedily recovered under *Bell.* 6.

Now, on reflecting over these cases, my first feeling is that I wish they were *not true*. They are so extremely puzzling that it would be a great comfort if one could simply put them aside, and rest convinced that it was all a mistake. This is not so easily done, however, and it will be wiser, therefore, to face the difficulty, and see what can be made of it. My meditations have run in the following grooves, and I offer them to my colleagues for what they are worth, and shall be only too glad if any of them can excogitate something more satisfactory.

1. I would remark that only two of his cases have any real reference to his "complementary law," seeing that in the remaining six he was treating cases of poisoning, or, in other words, he was combating one artificial disease by another, and not treating a natural disease, which would be required to adapt his cases to his formula.

2. As regards the two girls who took *Belladonna* in a dose (two or three cupfuls of the decoction) equal to that which produced grave symptoms of poisoning in the others, and escaped with "nothing but slight heaviness of the head, and some dimness of vision," we are assured that this immunity was owing to their having slight natural diseases to which *Bell.* was homœopathic. If this is really the case, our brethren who indulge in large doses of crude drugs may make capital of the assertion, and maintain that they cannot possibly give too large a dose if the medicine is truly homœopathic to the disease, since the latter will effectually protect the patient from any injurious effects of the overdose! Are my colleagues prepared to admit this? Have they never seen cases which seemed to prove the exact contrary to this? Whatever may be said respecting the exact homœopathicity between *Mercury* and *Syphilis*, there is certainly as close a resemblance between them, as between *Bell.* and blepharitis or gastrodynia; and yet, methinks, we have all seen disastrous results from overdoses

of *Merc.* in syphilis. Perhaps, however, syphilis is too strong a disease, and hence does not overpower the ill-effects of *Mercury* as some more trifling malady might be expected to do. I will therefore take another example. Gastrodynia seems to act exceedingly well as a check upon a large dose of *Bell.*—suppose, therefore, some of my colleagues try how it will behave towards *Ars.* We know that this drug is strictly homœopathic in some forms of this complaint. Will Dr. Teste, who is "as certain of the truth of his law as of his own existence,"—will he venture to give four or five grains of arsenious acid to a case of this kind, and calmly await the result? If so, I certainly should decline the honour of being the patient selected for the experiment.

3. How would Dr. Teste explain the following case which occurred recently in my own practice, and which I only give as a sample of what I have often seen occur before? A little girl was under my care for strumous ophthalmia, and was improving rapidly under *Merc. corr.* 3x. (By the way, she ought not to have improved, because Dr. Teste says *Merc. sol.* must be given to females, and *Merc. c.* to males;* and, moreover, Dr. Drury tells us that "in the provings of *Merc. c.* we do not find authority for its selection" in this disease†); when she took cold, and had a fluent catarrh of exactly the kind which I usually cure readily with *Merc.* 6. I accordingly stopped the *Merc. c.* 3x, gave *Merc. s.* 6 for two or three days, which completely removed the catarrh, but, the eye retrograding, I returned to *Merc. c.* 3x, and the child soon recovered completely. Now if Dr. Teste's law is true, this case is altogether wrong. Surely the influence of the *Merc. c.* should have prevented the catarrhal process from commencing, or at any rate the next dose given should have checked that process, unless, indeed, it is maintained that *Merc. c.* and *Merc. s.* are not interchangeable in most forms of disease, and if so, what comes of his own law about the sexes? One might have supposed that he intends us to understand that the latest influence always carries the day, irrespective of its relative strength; but, unfortunately, his own cases would contradict this, since the pre-existing

* Teste's *Mat. Med.*, p. 143. † *Annal of B.H.S.*, vol. v, p. 299.

acute blepharitis was cured by, and at the same time controlled the action of the poisonous dose of *Bell.* Hence, in my case the catarrh should have been controlled by the pre-existing influence of *Merc. c.* As, however, there may be some objection to my case on account of my having used different preparations, I may mention that I have known many instances of persons who were taking various dilutions of *Ars.* for neuralgia, or skin diseases, &c., who have caught colds, which readily yielded to *Ars.* 6, that being the medicine which had always suited their previous coryzæ, and the catarrhs themselves being exactly of the arsenical type. Of course, the medicinal aggravationists will say that the *Arsenic* already given had pathogenetically produced the catarrh, but if so, how did more *Ars.* cure it? To my mind, this class of cases admits of only one explanation, viz. that different doses of the same drug will be found suitable to different phases of the action of that drug, and that consequently the determination of the dose is in many instances second only to the selection of the drug. I am convinced by large experience that the coryzæ which correspond respectively to *Merc.* and *Ars.* will yield more readily and certainly to the 6th dilution than to any others, higher or lower, which I have yet tried; whilst, on the other hand, I have found this same potency vastly less satisfactory in some other forms of disease to which the drugs are homœopathic. All my inquiries and investigations respecting the dose during the last twenty-three years have, on the whole, pointed in the same direction, and I have become more and more convinced that just in proportion as we get better acquainted with the entire sphere of any medicine, we shall find ourselves continually prescribing it in different potencies for different purposes. For example, I find that whereas many years ago I seldom gave any other potency than 3x, I now prescribe, even of the same drug, according to circumstances—*θ*, 1, 3x, 3, 6, 12, and 30—and I am convinced that my patients have again and again profited by the discrimination.

So much for the two cases wherein a natural disease influenced and checked the action of a poison. Let us now look

at the six cases where one artificial disease is influenced by another. Dr. Teste relates five cases of poisoning by large doses of *Bell.*, which recovered rapidly under *Opium* 3, and one case of poisoning by *Laudanum*, which did well under *Bell.* 6; and he brings these cases forward in support of his "complementary law." I have already pointed out that these cases do not come under his formula at all, in so far that he distinctly contrasts "natural" and "artificial" diseases, and seems to require that one of each kind should be parties to the contest, whereas here two artificial diseases are made to counteract each other. Passing over this discrepancy, however, we are met by a much more serious difficulty, since his formula contains this clause, "*provided the medicine is exactly homœopathic to the disease,*" a clause printed in small capitals for the purpose of enforcing its importance. It is evident, therefore, that Dr. Teste requires us to believe that *Bell.* and *Opium* are *exactly* homœopathic to one another. I must confess that this is even a greater puzzle than the one already discussed. Had he told us that they were directly antagonistic to each other, I should have had no difficulty in believing him. This opinion is held strongly by many, and the allopaths explain their success in treating poisoning by *Bell.* and *Stram.* with large doses of *Opium* upon this principle. One of the editors of this Journal, Dr. R. Hughes, was among the first to direct attention to this fact, and he works out the argument admirably in his paper on the subject. If, therefore, Teste is right, I may add this to the list of cases referred to in my paper on "*Contraria Contrariis,*" as corroborating my suggestion that the difference between *contraria* and *similia* is more apparent than real. I confess, however, that I scarcely feel prepared to accept the case without a little closer examination, because it seems to me to prove far too much. Let us compare the two drugs a little, and see what that will teach us: 1st. According to the *crude simile*, which merely requires a general phenomenal similarity, *Opium* causes "a moderate excitement of the nervous functions with vascular fulness; but signs of diminished control of the will soon appear, and sopor results" (I quote from Dr. Hughes'

Pharmaco-dynamics); *Bell.*, on the other hand, appears to irritate the whole encephalic mass, producing "excitement with perversion of function, followed by or accompanied with more or less hyperæmia of an active character." Upon the *cerebrum* the earliest effects are insomnia, delirium, and even mania. Hence it would seem that while *Opium* produces sopor and oppression, *Bell.* causes insomnia and excitement. In some respects they seem to agree phenomenally, viz. that both drugs produce a species of intoxication similar to that caused by alcohol, with staggering gait, &c.; but the state of the eyes would at once distinguish between them, since *Opium* and *Alcohol* contract, while *Bell.* dilates the pupil; both also produce flushing of the face, but that of *Bell.* is the bright scarlet of active hyperæmia, whereas *Opium* produces the dingy dull red of passive congestion.

2. Compared according to the *similius*, which requires a physiological correspondence, we can perceive no homœopathicity between them at all. *Bell.* is a direct tissue irritant to the encephalon, while *Opium* simply overwhelms it by causing passive congestion, which in its turn is produced by a direct depressant action on the vaso-motor nerves. *Bell.* again irritates the medulla oblongata, and hence gives rise to phenomena resembling epilepsy, eclampsia, laryngismus, spasmodic cough, &c. *Opium*, on the contrary, has none of these effects.

3. Examined according to the *similimum*, which requires the most minute symptomatic correspondence, I find the same difficulty in detecting any marked similarity between them. In Gross's *Comparative Materia Medica*, they are contrasted, and it is stated that *Bell.* causes oversensibility to pain, whereas *Opium* causes predominant painlessness. Had the (self-styled) purists considered these two drugs as *exactly homœopathic* to each other, we should expect to find them repeatedly occurring together in the lists of drugs recommended for various diseases; but I have carefully looked through Guernsey's great book on *Obstetrics and the Diseases of Women and Children*, and I find that in all the long lists given under the vast number of diseases treated of in that book, *Bell.* and *Opium* appear simultaneously in

nineteen cases only, and in all of these, without exception, they are recommended not for similar, but for very different conditions.

The *Keynotes* given for the two drugs are essentially distinct, and favour neither the "similia" nor the "contraria" aspect of their relationship. I am, therefore, utterly at a loss to account for Dr. Teste's assertion of their exact homœopathicity. In his own *Materia Medica* he groups under the type of *Bell.* the following drugs, viz. *Agar, Lach., Cedron, Stram., Opium, Arn., Clem., Ruta, Tabac., Aur., Camph., Cann. Ind., Hyos., Bry.*; and, according to the structure of his groups, he intends us to believe that this line constitutes a chain wherein each link resembles most closely the links nearest to it. Whence it follows that *Bell.* much more closely resembles *Agar.* than it does either *Stram.* or *Hyos.* *Opium*, again, is more like *Stram.* and *Arnica* in its action than like *Bell.!* upon which points I need not dilate, as I have yet to meet with any experienced practitioner who could for an instant credit such an assertion. Having then failed entirely to detect any *exact* homœopathicity between *Bell.* and *Opium*, and having also ascertained that their direct antagonism consists chiefly in their crude poisonous action, we should certainly have expected that they would prove antidotal to each other only in large doses, or, in other words, when crude actions were opposed to crude effects. Abundant experience also has proved this to be the case, but if Dr. Teste's observations are correct, *Opium* 3 and *Bell.* 6 are capable of curing respectively violent poisoning by *Belladonna* and *Laudanum!* I must confess, therefore, that I cannot understand these cases at all, and I should certainly be well pleased to hear that Dr. Teste's observations were not corroborated by further investigations.

ONE DAY OF MY PRACTICE.

By Dr. WATZKE.

(*Concluded from p.* 53.)

POSTSCRIPT ON SYPHILIS.

INTRODUCTION.

"Würdig ehren wir den Meister,
Aber frei ist uns die Kunst."—*Uhland.*

THE family of syphilitic diseases has on the one hand, theoretically as well as practically, given occasion for much wrangling even amongst the adherents of Homœopathy, but on the other hand, has been employed by our enemies as a weapon against us, groundlessly as well as unfairly; yet, in my opinion, not quite without blame on our part. The ukases which Hahnemann left for his disciples in his *Organon* and *Chronic Diseases* in regard of syphilis are so dissonant from the views of the whole medical world, and so utterly contradict all experience, that it is really very difficult to believe the worthy old gentleman ever treated a dozen cases in his long practice!

"One, two, or at most three globules" quoth he, "of the size of a poppy-seed, moistened with the *billionth dilution of metallic quicksilver,* perfectly suffices, beyond all contradiction, to cure a chancre within fourteen days."—(*Chron. Kr.* Thl. 1, s. 153.)

Now, either under our latitude and longitude venereal disease never occurs without the fearful complication of psora (which must be of the latent kind, for surely we should now and then have *seen* the developed kinds of psora), or else, the *Mercury* from Idria, which no doubt *we* use, acts less efficaciously than that from Spain or America, of which Hahnemann probably made use; otherwise, I cannot well explain the positiveness with which the master expresses himself. I candidly avow that my cases of chancre did not formerly get well, and to this day do not get well in less than thirty to forty days; nor do they get well under

the billionth dilution of metallic *Mercury* (where I find that remedy indicated), but the second or third trituration.

Also Hahnemann's assertion that "*Tincture of Thuja, undiluted,*" (not in globules, which would correspond better with his code of laws), "is an infallible specific for condylomata," (Sycosis) caused me many bitter disappointments at the outset of my practice, when I set out with the fundamental maxim, "Discipulum credere oportet."*

Let us turn from Hahnemann's practice to his theory. "*Chancre and Sycosis are two essentially distinct diseases.*"

However, we see that the two agree extremely well together, and not unfrequently after sprouting from the same root, blossom on the same stem, either simultaneously or one after the other, generally† chancre first, a fact which all writers have observed, and which is confirmed by the whole ‡ history of veneral disease. "Single BROAD condylomata are frequently the primary symptoms of syphilis, and then not unfrequently appear along with *pointed* ones and chancre at once. Very often also, on the broad condylomata ulcers are formed, which assume the character of a secondary chancre."—RUST, *Handb. d. Chir.*, B. 15, s. 210.

Not at all more trustworthy has Hahnemann's theory of sycosis proved itself.

"*Gonorrhœa and Sycosis arise from the very same miasma* —a miasma, (surely he means, in the ordinary acceptation, a *contagion?*) *which has nothing in common with chancre.*"

For my own part, I have not seen gonorrhœa and sycosis occur either *together or in succession.* Of course, in my limited syphilitic practice, that is not saying much. But

* Frequently, and especially in the case of suppurating condylomata, the *Tinct. Thuj.* did not at all agree with the patient.

† The development of sycosis out of chancre proceeds, according to Schönlein, in the following extremely simple way. "The edges of the chancre swell, and exhibit an excess of vascularity, and rise above the level of the surrounding skin. In the same proportion, the base and the centre also follow; inasmuch that the new warts at once betray their origin by their resemblance to a cone truncated at the summit and depressed, until this becomes gradually level." (I have myself noticed this process of wart formation in one case.)

‡ "At the close of the fifteenth century, syphilis showed itself in condylomata as long as one's finger on all parts of the body, especially the face."—Simon, jun., in his "Immortal Folly of Samuel Hahnemann," Part ii, p. 115.

Simon, jun., and Ricord, first rate syphilidologists, and of undisputed authority, have gained the same experience in their extensive practice; at least the cases of simultaneous occurrence of these two diseases are extremely rare. Jahn, in his *Versuche,* Heft. 1, s. 85, reports a single instance. On the contrary, it is an undoubted fact that complications of gonorrhœa and chancre take place very frequently indeed. Likewise, cases where, after gonorrhœa, a constitutional syphilis (Schankerseuche) is developed, have been observed, though less frequently. Nay, some even contend that they have seen persons get chancre from connexion with a person affected with gonorrhœa, and *vica versâ.**

The identity of the two diseases is not proved even by this; if two parasites live at once on the same animal or plant, they are not therefore necessarily of the same species. And though there still exists in this province of nosology many a dark place, and many a disputed point, thus much at least comes indisputably out of what we have said above, viz., that Hahnemann's syphilidological axiom must at this day be regarded simply as the wonderful dream of a medical genius.

Our master, however, seems to me to be perfectly right in asserting that, after pure homœopathic treatment of primary chancre, general (*i. e.* constitutional) venereal disease *never ensues,* however heavy a reproach is thereby brought against the antisyphilitic practices of our opponents.†

* Hahnemann's hypothesis is probably grounded on the fact that broad condylomata, when present in great numbers, are always associated with leucorrhœa (Fluor albus venereus). But this last is, in such cases, not idiopathic, but merely the abundant secretion of the condylomata. This is confirmed by the circumstance that, in males, a number of broad condylomata are often found on the anterior surface of the scrotum in consequence of the profuse secretion of condylomatous matter by the female, whilst the penis, the ablution of which is seldom neglected after coition, is free from all infection.—Rust, loc. cit., p. 211.

† For my own part, in those cases which came under my treatment at the very outset of the disease, I found that constitutional syphilis never ensued after the cure of chancre. Only in a few instances both during the treatment and after the cure, exanthematous symptoms appeared, which were generally of a transient character and shortly disappeared. I have even observed one

Now if the number of cases which I treated was far too small to permit me to draw so important a conclusion, yet they constantly help to form links, not to be despised, in the great chain of similar experiences which have occurred to other homœopathic physicians, and which collectively confirm Hahnemann's assertion that secondary syphilis is not, *at least now-a-days*, anything but an artificial product, the consequence of improper treatment of the primary chancre by our opponents.

Are we not to be excused if with these experiences and convictions, we declare the procedure and doses of the old-school antisyphilitic practice to be positively hurtful and objectionable? Does it not appear to be a marvellous, nay, a perfectly incomprehensible blindness? For more than four hundred years these learned gentlemen have employed *Mercury* for venereal diseases in all its various forms; they know the violent and lasting effects which it produces in the system, even when employed in very trifling doses (Wibmer, *Arzneimittel and Gifte.* Art., *Hydrarg.*) Hahnemann and his school have kept preaching to them, for nearly seventy years, their better experience, and laying before their eyes the therapeutic foundations on which that experience has been gained. In spite of this, they don't see the host of diseases, generally as obstinate as they are dangerous, which not unfrequently follow their mercurial treatment, as decay or falling out of the teeth, scurvy in the gums, debilitating salivation, tedious ulceration of the throat, baldness, chronic trembling of the limbs, lifelong aphonia, incurable asthma, paralysis of the extremities,

case where such an exanthema came out *even before the chancre*, as it were a forerunner of the latter; a fact which is not very common, and probably occurs only in countries where (as in Carinthia, where I then lived) venereal disease exhibits a decided tendency to occur in its early exanthematous form; a fact which is confirmed by others. Wallace says in regard to this: "When syphilis is transmitted by mere contact, then the eruption on the outer skin and the mucous membrane of the mouth is the first symptom; nay, even where the infection takes place from coition, the poison may enter into the organism *and at once produce an eruption, without any previous chancre;* the eruption is actually *not always* a secondary symptom." BEHRENDS, *Syphilidologie*, B. i, s. 486.

nocturnal pains in the bones, exostosis (tophi), necrosis,* imbecility,† insanity.‡

Are they not, collectively and severally, considered as the natural and necessary attributes of syphilis? And does any one of those who deal out *Mercury* so bountifully to their patients, ever think of condemning their false system?§

Nevertheless, the manifest ill effects of mercurial treatment seem gradually to have opened the eyes of a greater number of unprejudiced physicians, and to have led them to the determination to combat venereal disease no longer with *Merc.* but either with simple merely dietetic treatment, or by the antiphlogistic method, or else with the specific remedies, *Bell., Aconite, Aurum, Nitrate of Silver, Iodine, Guaiacum, Bromine, Sarsaparilla,* &c. They call this the "rational treatment" of syphilis! ||

This treatment would certainly lay the foundation of no

* Dr. Verier made the observation that pain in the bones, exostoses, asthma, paralysis, occur almost exclusively in subjects treated with *Mercury* for their primary syphilitic affections. In Sweden, where, up to 1814, the rubbing-in treatment was employed for simple chancre, affections of the bones came on in fifty-four cases per cent.

† In the quicksilver mines of Almaden, in Spain, during the five years, 1835 to 1839, 255 workmen were ill of mercurial disease, and some of them became imbecile; 130 died in convulsions.

‡ In a statistic report of Charenton from 1826 to 1833 the number of cases of insanity from abuse of mercury amounts, according to Esquirol, to 44.

§ To those of our opponents who agree with the learned SPRENGEL that *Merc.* can never do harm, and that "hydrargyrosis" exists only in the brains of homœopathists, and not in Nature; we recommend a perusal of the excellent work of their colleague, DIETRICH. '*The mercurial disease in all its forms, considered historically, pathologically, diagnostically, and therapeutically.*' Leipzig, 1837.

Ramazzini has recorded a remarkable instance of the profoundly acting permanent effects of mercurial poisoning. The wife of a gilder, from inhaling the vapour of *Merc.* suffered for eighteen years from salivation, which dried her up almost to a skeleton. Afterwards she had attacks of asthma, which became more and more frequent. She had a settled râle, and could neither walk nor in general hardly move, without fear of suffocation. At the close of her illness expectoration came on, and she died from a general aggravation of her sufferings—WIBMER. Op. cit., B. iii, s. 42.

|| But, from our point of view, this method is downright *irrational.* They employ specifics without any fixed standing point, without any scientific (physiological) grounds for selecting one in preference to another.

serious mischief, and at least would not be the exciting cause of "secondary symptoms," only that unfortunately, in addition to the above, they also employ *caustic remedies* for chancre.

When Cullerier and Ratier (*Universal Lexicon der Med. and Chir.*, Art. *Syphilis*) assert that chancre may get well spontaneously, and in a certain time does get well, we are happy to assent to this. But when they further assert that one may without risk make the experiment of letting it alone, the result will lead to the conviction that the specific treatment on the one hand does not accelerate the cure, and on the other hand can no more guard one from secondary syphilis than the mere non-mercurial treatment; we find in this assertion a violent logical jump in which we have no mind to join. If, furthermore, neither the purely dietetic, nor the antiphogistic, nor the specific treatment, *as practised by our opponents*, is a protection from constitutional syphilis, only an additional reason is contained in this fact for declaring such treatment to be a failure, and for clinging to the above declaration of Hahnemann.

"I daily learn by more painful experience," says Jahn, "how much better it may be in every case to do nothing for the disease than to combat it with bandaged eyes (*i. e.* without a Materia Medica and a principle of cure) with the two-edged sword of medicine." *Versuche*, I. Vorrede.

I cannot deny myself the satisfaction of laying before my colleagues and opponents (in a measure as a commentary and illustration of the above account of the sequelæ of mercurial mistreatment), the sad and awful story which Dr. Busse relates in Schmidt's *Jahrb.*, 1838, Heft. 1, s. 67, 68. It bears the superscription, "*Syphilis, inveterate and masked, ending in apoplexy, paralysis, and insanity.*"

A slender, *blooming, strong* young man, hardly 24, had, in December, 1832, a chancrous ulcer on the penis as large as a finger-nail. After *four months' constant treatment* with corrosive sublimate—"tongue thickly coated, gums spongy, a penetrating mercurial smell from the mouth." (Busse's own words.)

Now, it might have been expected that such unmistakable, palpable signs of mercurial supersaturation would have been a sufficient ground for abstaining from further use of corrosive sublimate; it was, however, persevered in, and strange enough, the chancre got well gradually, and cicatrized under it, along with strict diet and perfect rest.

We are not told with all this whether the dose was constantly the same, or increased, or diminished; the diminishing of it would easily explain the thing. Besides, our physiological provings have shown that, even with large doses given continuously, the susceptibility of the system is gradually blunted, and they become, at least, to all appearance, inert.

In the case of this young man, however, this was not the case; on the contrary, under the sublimate treatment for so many months, a thorough-going hydrargyrosis seems to have been developed. In a few weeks, *without fresh infection,* an ulcer again appeared on the prepuce. The repeated employment of the *sublimate* followed by *rubbing-in of mercurial ointment* carried on for four weeks, till violent salivation set in, and in conclusion Zittmann's decoction, led to a fearful aggravation of the disease.

The prepuce, perfectly eaten through by ulcers, hung down on each side of the naked glans like a thick lump of flesh; its puffy rim presented a large lardaceous ulcerated surface, from which to the *corpus cellulare* several fistulous passages passed under the skin of the penis, by which the skin was destroyed and seemed altered into an unctuous caseous mass, as in hospital gangrene. The penis looked like an anatomical preparation. With this, extraordinary wasting away; *febris lenta continua.*

Dr. Kluge, who was called in to consultation, pronounced the case—this most evident, monstrous, mercurial, poisoning!—to be *hospital gangrene,* which could not co-exist with syphilis! This diagnosis, groundless as it was, at least delivered the patient *pro tem.* from the hydrargyromania of his ordinary attendant.

China, Mineral acids (notoriously, more or less, powerful antidotes of *Mercury*), antiseptic poultices, nourishing diet,

were indeed rapidly efficacious; the slow fever disappeared, the ulcers began to cicatrize; but there came projections on the frontal bone, skin and elbow, with a lardaceous ulcer on the eyebrow and face, and coppery spots on the shoulders and extremities.

The red *Oxide of Mercury*, proposed by Dr. Kluge, continued for full seven weeks without interruption, removed the above mentioned, and in fact all morbid symptoms, even including the deformed fragment of prepuce.*

The comparative health which the patient now enjoyed was, however, of short duration. The sublimate, given with idiotic obstinacy for more than half a year, and the heroic rubbing-in treatment which ensued, had no doubt too deeply impregnated the system to be fully neutralized by any antidote.

June 18th, 1834, he was found lying unconscious on the floor, after the third or fourth stool which followed an emetic, prescribed for gastric derangement. The tongue and right side of his body were paralysed. Then followed *Leeches!* and cold compresses. Next day the stroke was repeated. By the application of a large iron hamner, heated in boiling water, to his shaven crown, the patient came out of his stunned condition, uttering a dull cry. Next came nervina, roborantia, baths, rubbing-in of ointments, electricity, galvanism. Gradually he began to stammer again, and even to walk a little, but the hand and foot continued paralysed. Three months after this (October, 1834), the ominous coppery spots suddenly reappeared all over his body. This sufficed to induce another rubbing-in cure of four weeks more, up to the most violent salivation. Under the use of *Decoctum lignorum*, continued for a long time after this, with all sorts of baths and electricity, at last the spots disappeared, but came back the next year (June, 1835), and then, and not till then (incredible dictu!), a repetition of the rubbing-in brought about a permanent *cure*. (?)

Dr. Busse, this mad quicksilversmith, *calls* it "*a cure!*" From his epicrisis of the disease, we learn that the paralysed,

* A milder preparation of *Merc.* not unfrequently shows itself as the best antidote of *Corrosive sublimate.*

weak-minded young man, who previously raised the fairest expectations, never even learned to spell, after a careful instruction in reading and writing; that to add five and seven together was a difficult task to him; and that the strongest effort his memory had hitherto accomplished was learning a short compliment or phrase, and the Lord's prayer!

To such lengths can an ulcer as big as a nail proceed, which very likely was never syphilitic at all, and *possibly* (as I have myself witnessed in some cases),* would have got well of itself in a week or a fortnight, and if it were syphilitic, in four or five weeks, under strict diet with rest. We, from our point of view, see in such treatment, not the action of a man of sound homely intellect (to say nothing of a scientifically trained physician), but the rude dealing of the crassest ignorance; not an attempt to cure, but an audacious attempt to murder; not a *failure* of art, but a *criminal breach* of the rules of all art.

The Different Kinds of Syphilis.

Their so-called "rational" and specific treatment.

We may here abstain with advantage from any theories of syphilis; we may leave that to the professed syphilidologists! They seem hitherto to be far from having clear ideas upon it themselves; whole pages are filled with views that often flatly contradict each other. It is especially interesting to us to compare the therapeutic procedures of the old and new school in syphilitic diseases, and the results which they respectively attain.

The objects of our parallelism are: 1. *Gonnorrhœa;* 2. *Sycosis;* 3. *Chancre;* 4. *General syphilis;* with which we class finally *Mercurial disease.*

* After coition performed violently and under difficulties of some kind, excoriations often occur on the penis, which sometimes turn into superficial ulcers; these shortly get well of themselves.

1. Gonorrhœa.

If the quickest way is the best, then we must cast down our eyes with shame before our opponents. Unless the journals tell fibs, these gentlemen cure a clap in the turn of a hand; in forty-eight—in twenty-four hours! Unfortunately, such a cure is often worse than the disease. Young and strong individuals would do better to take no medicine at all for gonorrhœa, and let it get well of itself, than submit to such problematical and dangerous cutting-short experiments. The ordinary results of a premature suppression of the discharge are: inflammation of the mucous lining of the urethra, swelling, inflammation, and suppuration of the inguinal glands (buboes), inflammation of the testicles and prostate gland, often ending in induration, more rarely in suppuration; chronic catarrh of the bladder, retention of urine, stricture of the urethra—most serious, painful diseases, difficult to cure; serving as mementoes for years, and often for life, of one weak hour.

Gonorrhœa, of itself, provided the patient observes only a moderate diet and a tolerable regimen, is, although a somewhat tedious amusement, an affection which requires medical aid only in moderation.

But what is the tedium of three or four weeks to the torture of an incurable stricture?

Besides, the much vaunted injections are by no means an unfailing sovereign remedy for gonorrhœa. Relapses often occur; the discharge then seldom comes alone; but, especially in feeble scrofulous or gouty subjects, in combination with some one or other of the above-named worse maladies; and the more frequent the relapses with the more difficulty does it yield to injections, which, in this way, become the most fertile sources of what is called "gleet."*

* I have seen one instance which was treated one year by Prof. X—, and the next year by Dr. Y—, two of the most celebrated syphilidologists, with injections and pills of *Cor. sublim.* At the end of the second year the previously healthy young man still had the discharge, certainly in a very moderate form, but with some very immoderate and inconvenient additions—swelling of the testicles and prostate gland (subsequent to inflammation), violent headache every morning on rising; loss of hair and eyebrows; melancholy humour.

Yet we would not be unfair! The great majority of those learned gentlemen denounce such a procedure as palbably dangerous quackery. The rational master of the healing art well knows how much he owes to the general principles of therapeutics. He takes into account the three stages, the form, the prevalent symptoms, and the constitution of the patient, and directs his treatment accordingly. He does not carry his hatred and contempt of the specific school so far as to despise borrowing from it, in special cases, one or other of the specific remedies, *Copaiba, Cubebs, Cantharides, Cannabis, Thuja.* The use of injections is limited to the catarrhal stage and gleet.

As to the homœopathic treatment of gonorrhœa, I am far from holding it to be the best possible. As for remedies, we have no lack of *them.* Jahr enumerates some thirty of them, only the respective indications of cure are for the most part wanting in those exact limitations that are so much needed; they are treated too generally and indefinitely; so that it is not unfrequently difficult to select the most suitable out of a dozen, all of which seem equally so. The fault of this sad condition is partly in the hitherto very defective provings of some of the medicines employed for this disease, *e. g. Petroselinum, Copaiba, Cubebs, Cinnabar, Vitex Agnus Castus;* and partly also the paucity of symptoms in the ordinary uncomplicated gonorrhœa. Besides, such uncomplicated cases do not so often come under treatment. (I found them generally yield to *Sulphur, Cannabis,* or *Thuja.*) We usually get our subjects only in the later stages of the disease, out of the hands of our opponents, and, in fact, for the most part mistreated in one fashion or other, whether by injections or local bleeding, or immoderate doses of *Copaiba, Cubebs,* or *Cantharides,* whereby the deplorable paucity of symptoms in this disease is in some measure eked out.

The following case may find fit place here, as a practical parallel between ὁμοῖον and ἀλλοῖον.

Mr. N—, a hearty man of thirty, came to me with gonorrhœa, after suffering three weeks.

He had taken large doses of *Copaiba*. The discharge was then thick, greenish-yellow, painless, the orifice of the urethra reddened and puffy; during and after urination, burning in the navicular fossa; frequent erections at night. He had three or four years before suffered from this disease, each time for five months; and each time was treated with calomel.

I told him to keep quite quiet in a warm room, to bathe the part frequently in lukewarm water. Diet: flour and milk puddings; for drink, water and milk of almonds; as medicine, one dose of *Spir. vin. Sulph.* night and morning. The result was astonishing: within a week the discharge disappeared, leaving no trace.

Did diet and regimen do it all? Possibly! A period of four weeks was quite sufficient for the natural course of the complaint. Also, it might by all means be the secondary action of all that *Copaiba* he had taken.

Only it strikes me that my (eminently innocent) *Spirit of Sulphur* was then at least more to the purpose, and more rational than Louvrier's drastic pills, or Hecker's soluble bougies, or Ricord's decoction of tannin, or the injections of sublimate, chloride of lime, lapis infernalis, acetate of lead, white vitriol, and similar mischievous and senseless applications (SCHÖNLEIN'S *own words!*) as they have been recommended by GRAEFE, EISENMANN, CHURCHILL, and others, in the last stage of the disease.

I may likewise direct attention to the five months' duration of the patient's previous attacks.*

* The blennorrhœa of the *glans* (gonorrhœa externa) has nothing in common with the true disease but the name, and seems to be of rare occurrence. The only case that I ever observed was an *eczema glandis impetiginosum*, as follows:

Anton ——, æt. 20, on the second day after connection with a female who, as he was convinced, was above all suspicion of infection with syphilis, was seized with violent itching on the glans, which swelled very much, and exhibited brownish red spots, which on the fourth day turned into broad ulcerous surfaces discharging a thin, fetid yellowish grey matter; on the fifth day he applied to me for aid.

Rest, spare diet, careful ablution with milk and water. *Merc. viv.* 2nd trituration night and morning.

The cure took place with the formation of lamellar scabs, which fell off in a few days.

2. Condylomata.

As the number of remedies we have to show for gonorrhœa is great, so that for sycosis is small. By means of physiological provings we have to this day unfortunately gained only one, viz., *Thuja*, and this, which was already recommended by Hahnemann, though far from being an universal specific, yet when employed internally and externally, in cases not complicated with chancre, offers us the greatest security for a favorable result. Further special indications for the use of *Thuja* are—broad or cock's-comb-shaped condylomata (lata), moist and itching at the top. *Nitric acid* stands next to *Thuja*, and corresponds nearly to the same indications. *Nitric acid*, *Merc.*, and *Cinnabar* are especially to be chosen when chancre is also present.

With these remedies, too, the inward use very seldom answer the purpose alone. After mercurial mistreatment, *Sassap.*, *Staphisagria*, and *Sulph.*, may be used with good effect. How far *Euphras.* and *Sabina* can compete with the medicines already named, and what are the indications for their use is yet to be decided by further provings.

If our medicinal treasury is poor for sycosis, that of our opponents is still poorer. It is tolerably exhausted when we have mentioned knife and scissors, and a strong caustic. As for the essentially different physiological foundation of the "broad and pointed condylomata," they will not allow themselves to be misled by that; they simply burn and cut both one and the other right away, and with this art has solved the problem. What caustic is used matters not, provided it works as quickly as possible, the most poisonous of course is the best. Plenk's solution, caustic potash, red precipitate, and calomel powder play the chief part. Tartrate of iron, paste of sabine powder (much valued of yore!) and chloride of zinc ointment seemed to be used only by timid and anxious disciples of Esculapius.

Some, as John, Warnatz, Hœser, and Mohnike obtained very satisfactory results with our *Thuja*.* These scrupulous

* Mohnike found in fourteen cases that painting the condylomata with the

gentlemen, however, employed not the *Thuja* prescribed by Hahnemann, but by Hufeland! The internal use of mercurial medicines and the tying of the condylomata are now-a-days but little practised.

3. The Chancre.

Respecting the usual treatment of chancre by our opponents, I have already expressed my opinion with sufficient clearness, and think it superfluous to add a single word.

The homœopathic treatment leaves nothing to desire with regard to the radical, certain, and permanent cure; only the tediousness of the process puts the patience of patient and doctor to a hard test. The ulcer generally remains stationary, or even gets worse up to the twenty-eighth or thirty-fifth day (but then heals perfectly in eight to ten days). My own opinion, which, however, I do not say is correct, is that the direct incorporation of the medicine with the lymphatic system, its simultaneous internal and external employment will hasten the cure without impairing its certainty, but I must leave to practitioners with more opportunities in this line than I have, to make careful and cautious experiments on this subject by means of the second and third triturations rubbed in on the inguinal region.

The number of remedies which specific medicine possesses for chancre is rather limited. The simple "Hunter's chancre" seems to find its sovereign remedy in *Merc.* Whether *Juglans regia* (Walnut) accomplishes all that its proving promises, will be decided by further clinical trials. When complicated with sycosis, *Nitric acid* and *Thuja* produce the best results. Amongst remedies for chancre, the repertories adduce also *Kali bichrom.*, but the symptoms, "Itching on the pubes, with small closely crowded pustules and scabs on the glans" evidently point only to eczematous processes and products. Sulphur can only be indicated for the chancre of hydrargyrosis.

Tinct. thujæ was very efficacious. (*Universallex. d. Med. u. Chir.*, B. xiii, s. 400.

4. General Syphilis. Hydrargyrosis.

Two very sad evidences of human weakness! For my part, they remind me (of course I speak here of hydrargyrosis as an artificial not a natural disease), like Bouillaud's "saignées coup sur coup," of the barbarism of the dark ages, of witch trials, of the rack, and the stake.*

Closely connected as the two are, as a rule, it is of the greatest importance to the homœopathist to distinguish them accurately, and keep them apart.

When A is cured of a primary chancre in a few days, with a corrosive sublimate lotion, and in a few weeks gets ulcers on the gums and uvula, salivation and pain in the bones, this is secondary syphilis, not hydrargyrosis.

When, on this continuing, the said A is treated some weeks or months longer, with sublimate pills, and undergoes the "greater or less rubbing-in treatment," and in spite of this, ulcers set in afresh on the penis and throat, with tumours, exostosis, &c., then these are symptoms of mercurial disease, and not (as our opponents suppose, to the ruin of their patients), of venereal disease.

In these two cases different treatment should be adopted.

In the first case *Merc. sol.* or *Merc. vivus* and *Red precipitate* taken in small doses, sometimes supply what was neglected with surprising rapidity; as a rule, however, the cure proceeds but slowly. In the second case the antidotes to the *Mercury* are according to the part affected, and the existing symptoms. *Arsen., Bell., Mezereon, Lach., Acid*

* Krüger-Hansen thinks sound common sense was never the strong side of our masters of medicine. We thoroughly agree with him. For instance, does there exist a grosser offence against the laws of logic than the customary method of prescribing, the medley-philosophy which sets out upon the axiom that $A + B = A \times B$? If I know the action of medicine A, and also that of medicine B, I am utterly ignorant what may be the effect of A and B at once; I have to do here not with a simple *addition* but with a *multiplication*. "The effects of two separate medicines are quite a different thing from that of a third substance formed by mixing the two together. He that knows the action and the behaviour of oil and of caustic potash is far from knowing that of soap, which is by no means an oil of caustic potash, but a new substance, with peculiar action of its own."—Dr. Maffei.

nit., and *phos.*, *Sulph.*, *Hepar*, when the mucous membrane and skin are mainly affected; *Dulc.*, *Conium*, *Iodine*, for glandular symptoms; *Asafœtida*, *Aurum mur.*, *Sassap.*,* when the bones are involved; *Aurum metal*, *Argent.*, *Plat.*, *China*, *Spig.*, *Staphisagria*, in case of special injury to the nervous system, and the spirits and temper.

I add to the above some examples from my own experience.

1. *Ozæna et Angina syphilitica cum superveniente Gonorrhœa.*

Mr. M—, æt. 30 and upwards, contracted a chancre about eight weeks previously, which got well in a week with corrosive sublimate lotions. Ten days after,† a severe fluent coryza set in, speedily accompanied by marked pains in the throat, and copious flow of frothy saliva. As tea and gargling did no good, and, in addition, he had caught gonorrhœa a fortnight before by impure coitus, he applied to me, complaining of burning pain in the throat and a constant feel of stoppage in the nose; palate and uvula much swollen, and brownish-red; mucous lining of the nose reddened and much swollen, discharging a greenish-yellow thin fluid. The salivation troubles him most at night, and prevents his sleeping quietly. Discharge from the urethra at present thick, yellowish, without pain.

Merc. viv. 1st trituration, a dose night and morning. Diet—milk, farinaceous food, and water; keeping quiet in a warm room recommended.

In eight or ten days the affection of the throat and nose improved considerably; meanwhile the salivation had ceased entirely, whilst the discharge from the urethra had become much less.

* I have repeatedly used *Sassap.* with the best results in moderate doses of the decoction (in dilutions it seems to me inert) for mercurial ulceration of the bones of the most serious kind.

† The case furnishes a support to Fritzen's observations, according to which the general syphilis often commences even in a few days after the disappearance of the primary form.

Same treatment for a week. He can now go out in fine weather, and eat light animal food.

At the end of the third week of treatment he had only to complain of a transient sense of dryness and slight burning in the throat on awaking in the morning. At the orifice of the urethra there still appears at times a drop of viscid fluid, like white of egg.

Mezereum, 3rd dilution, removed all these remains of disease in a short time.

We have above exhibited the usual method by which secondary syphilis is developed out of simple chancre. The fact is so patent, the connection of cause and effect starts into view so clearly and spontaneously, that it is difficult to comprehend how a single case should not suffice to serve the practised eye of a medical man as a warning for the treatment of all future cases.

"Theorieen sind ein fürchterliches Ding."
Tutti frutti, I Th., s. 189.

The basilisk egg of secondary syphilis is bred from the radical error of our opponents, in supposing that chancre is a purely local disease, and that when the blossom is destroyed, stem and root are eradicated at the same time.

JOHN HUNTER says, "Not one out of fifteen will escape syphilis if the chancre be merely locally destroyed."

DUVERGIE (*Gaz. des Hôp.*, 1840) declares WALLACE's method of opening the chancre pustule, and burning it with caustic, to be a very dangerous procedure, and one which most frequently gives rise to secondary and constitutional symptoms. He looks upon the chancre merely as the symptom of a general infection, which one should not destroy, because the organism makes use of it to rid itself of the infectious matter from which it is suffering. He quotes, after Hunter, many celebrated writers who share his view of the question, as BELL, FABRE, SWEDIAUER, DUPUYTREN, LUCAS-CHAMPIONNIERE, LAGNEAU, and JOURDAN.

2. *Ulcera Syphilitica Secundaria et Condylomata Comites.*

Thomas ——, about 30, a joiner, a man of strong robust constitution, was infected with chancre three months before; for some weeks he neglected it entirely, whereupon a surgeon cured him with *Calomel* internally, and *Sublimate lotion* externally, in a short time.

But hardly a week had passed when not only the old malady re-appeared, but also several new troubles in addition. The patient's condition for the last six weeks or thereabouts was the following:

On the lips, near the corners, warty, moist, easily bleeding, excrescences with deep chaps; inside the lips and cheeks superficial ulcers, irregular patches stripped of epithelium, speckled with reddish-brown; some spots on these exhibit a lardaceous basis. The palate and tonsils here and there covered with a whitish-grey thin pellicle; frequent flow of coppery tasted saliva; prepuce swollen, with paraphimosis; the rim partly covered with an oozing scab, partly ulcerated, complicated with eczema (query Attomyr's itch-chancre). On the scrotum and all round the anus a great number of crowded warts in the shape of mulberries, with broad sessile bases.

Acidum nitr., 1st dilution (10 : 90), used inwardly and outwardly, led to a permanent cure, but not till nearly two months had passed.

3. *Exanthema Syphiliticum* (*Syphilocelis pustulosa*), *without any primary ulcer.*

A country fellow, æt. 24, previously in constant health, some weeks after a single coition, and without exhibiting any previous morbid symptom on the genitals, had a thick crop of pustules of the size of peas and beans on the inguinal region and on the chest, which soon filled with pus, and dried up into brownish scabs.*

* I have seen a similar eruption, combined with affections of the throat in an individual, after abuse of *Mercury*.

An old woman of a humoralpathologist considered the proximate cause of the eruption to be impurity of the fluids, and purged the patient with a strong dose of *Aloes*. The pustules got well, only there appeared about the same time numerous brownish-red spots all over his body. Also on the prepuce and glans similar spots appeared, which, however, soon turned into ulcers with white lardaceous bases. Similar ulcers were formed afterwards in the mouth and throat; swallowing was difficult, and a flow of metallic tasting saliva frequently set in.

Sublimate ointment, blood-purifying tea, herb decoctions, painting with sublimate, and no end of *Calomel* powders had been used for three months in vain for this malady, which *by this very treatment* was gradually developed into a regular hydrargyrosis.

The external and internal use of *Nitric acid*, 1st dilution (10 : 90), perfectly restored the patient in the course of eight to ten weeks.

4. *Hydrargyrosis Universalis.*

This case especially finds a place here, because it shows the action of chronic mercurial poisoning in a direction which seldom comes befere us, viz. in its specially limited development in the nervous and mucous system.

Ursula G—, 29, spinster, an extremely good-tempered person, of weakly bodily constitution, fell ill at first in November, 1833, with heat and pains in the throat and limbs. By the advice of a female quack fumigations of *Cinnabar* were carried on for four weeks, and then, for five weeks more, after herb tea powders of red precipitate were given.

After she had called in many physicians and quacks, and taken a vast deal of medicine, she was brought to me in the middle of August, 1834, in the following pitiful condition:

Emaciated to a skeleton; marvellously feeble, limbs constantly trembling; skin flabby, dry. Every evening heat, thirst, anxiety, pricking in the head, vertigo, and intolerable burning all over (most violent in the eyes, nose,

mouth, and throat, chest, stomach, pudenda, palms of hands and soles of feet), set in at once. This state admits of no quiet sleep for an hour in the whole night.

In the day she complains of frequent alterations of heat and shivering, frequent fits of vertigo, with blackness before the eyes, soreness of the gums, which are swollen and retracted from the carious, blackish-grey teeth, a flow of coppery viscid saliva, distension of the abdomen from flatulence, and frequent urging to urinate.

In the throat she has constantly the distressing sensation of a longish foreign body ascending and descending; palate, tonsils, and gullet dark red; uvula elongated and swollen; voice weak, hoarse, lisping; excoriated spots showing here and there on the mucous lining of the lips and cheeks; a thin yellow scab often forms in the nose, and when this falls off, the part discharges a good deal of watery acrid fluid for a long time; during this discharge the above sufferings are always much alleviated.

She is in an extremely sad lachrymose mood, takes no interest in anything, and despairs of her recovery. Appetite small, and only for cold food. Menses regular, but pale and scanty. I had pronounced a very dubious prognosis; the result, however, far surpassed my expectations. By the end of September, 1834, the patient, who a month before could hardly stand on her legs, was able to come on foot to me, a journey of four hours. The night pains much less; appetite and sleep somewhat improved.

Next month, the burning nightly pains were sometimes entirely absent; the salivation and urging to urinate almost gone; the nose had healed permanently, and the trembling of the limbs only came on after exertion. Still she often complained of pain in the limbs, stitches in the side, and constant chill, so that she could not warm herself all day. (Latterly this might probably depend on the cold temperature of October.)

With gradual diminution, temporary disappearance and occasional return of the still existing sufferings, the patient did not recover her health completely till May, 1835. Redness and swelling of the uvula, and burning pain in the

throat and pudenda were the last to disappear. Amongst the medicines employed, *Arsen.*, *Bell.*, *Hepar*, and *China*, all given in moderate dilutions and in frequent doses, evidently had the most decided influence in removing this obstinate and very serious disorder.

5. *Angina Mercurialis.*

A man, who for more than twelve years had had to do with *Calomel*, the "great and small" course, Zittmann's decoction, and the like, for gonorrhœa and chancre, had suffered for a year and more from a constant sense of dryness in the throat, tickling provocation to cough, and burning down the whole length of the œsophagus to the very pit of the stomach, besides constant stoppage of the nose, small appetite, with distressing pressure on the stomach, and frequent pains in the limbs. He feels worst after eating. The throat and gullet show nothing abnormal except a cicatrix on the soft palate.

The use of *Hepar*, 1st trituration (10 : 90), speedily produced considerable alleviation, but took nine or ten weeks to effect a complete and permanent cure.

Does any one ask how I could, with so few symptoms, distinguish with certainty hydrargyrosis from secondary syphilis? I reply, he that knows and has often and often seen and experienced that, for the certain cure of a primary chancre, the 100th or 90th part of a grain of *Merc. viv.* (2nd or 3rd trituration) is quite sufficient, he, I say, will not easily fall into the notion of looking for secondary syphilis in an individual who has once undergone the "great rubbing-in course!"

6. *Aphonia Mercurialis.*

The following case, which throws great light on the "high gravel blindness" of our opponents, and their obstinate attachment to a false and ruinous hypothesis, may close the series of these parallels.

Joseph D—, a healthy strong man of 26, took cold and got a sore throat. The village doctor applied leeches and prescribed laxatives, sudorifics, gargles, &c. As neither of these removed the sore throat, nor yet the apothecary's two dozen sweet white powders, nor the *Cinnabar* fumigations and blood-purifying herbs of a country woman, which he tried alternately for half a year, he took to the hospital, and here he was treated "rationally" with mixtures, leeches, cupping glasses, blisters, and some hundreds of *Calomel* powders.

In four months he left the hospital with complete aphonia, and thereupon tried a host of domestic remedies, went for some months into another hospital, came home uncured, and after he had for another year gone through a third clinical course, and at the end of it received the solemn assurance that nothing could do him any good, he resolved to try no more medicine.

About two years he had allowed nature to rule alone; and the malady had during that time amended somewhat, but not materially. When, nearly five years after his original illness, he called me in, he still bore manifest signs of mercurial poisoning. Feebleness of limbs; great emaciation; prevalent sensation of cold; frequent chill, with heat in the head; sleep often interrupted by heat and anxiety, when he finds it difficult to go to sleep again.

Face sunken and pale; thirst great; sweetish taste with a sense of dryness and contraction in the mouth; constant burning in the throat and difficulty of swallowing, as if a foreign body was sticking there, and he had to swallow everything over it; arch of the palate, uvula, and the posterior paries of the fauces reddened, as if punctured, and puffy; voice almost whispering; he cannot utter ten words aloud. After eating, a painful pressure on the stomach lasting for some hours; the region of the liver prominent and sensitive to pressure. From time to time vesicles, lumps, and spots appear here and there on the skin, and always shortly vanish. (Compare besides Hahnemann's *Materia Medica*, Wibmer, *Arzn. und Gifte*, art. *Hydrargyrum.*)

Under my treatment after some months he got to look better, and gained strength; the pain in his neck was more tolerable; his voice returned, but still continued weak; also hoarseness easily set in, especially after much exertion in speaking, or on a change of weather. The dry feeling in the throat was the most obstinate symptom of all. And even after the patient, delighted with the important improvement he had derived, had long left off medicine, the throat still always exhibited a slight reddening. Of the medicines employed, *Arsen.*, *Phos.*, *Hepar*, and *Sulph.*, evidently had the most happy, powerful, and lasting effect.

Non sum offensus *Apri vestri* disputatione, *nec vos* offendi decebit, si quid forte aures vestras perstringet; cum sciatis, hanc esse ejusmodi sermonum legem, judicium animi citra damnum, veritatis proferre.—Tacitus, *De Oratore.*

PELVIC PERITONITIS.

By Dr. John Davies, Chicago, Ill.

History.—Mrs. R—, æt. 25, primipara, married seven years, of bilious nervous temperament, swarthy complexion, and slender form. Has been more or less afflicted with blennorrhagia, depending upon specific ulceration of the cervix uteri. Two years since I treated her for this disease with partial success. Marital relations counteracted complete recovery as the sequel will show. She removed from the city to the country. About the 10th October, I received a telegram from her husband requesting my attendance immediately. I arrived there in the evening. An allopathic physician had charge of the case, and, of course, with characteristic bigotry, he refused holding consultation with a homœopathist. He had applied mustard sinapisms to the abdomen, and used sugar of lead injections for the past five days.

Symptoms and treatment.—Found my patient lying on the back, with the knees drawn up and wide apart. She com-

plained of intense pain in the abdomen, and especially in the inguinal region and iliac fossæ, and across the lower part of the abdomen. Profuse discharges of blood and purulent mucus exuded from the uterus, mingling with the virus from the chancrous sores on the vagina. Involuntary discharges from the bowels added to her pitiable condition. A heavy dragging sensation across the lumbar region continued to augment her sufferings. Slight nausea and vomiting were also present. The pains were so excruciating as to produce spasms and hysteria. The odour from the discharges was insufferable. I proceeded to make an examination, but the œdema of the parts would not permit it. I withdrew the speculum, and used an injection of chlorate of potash, and directed a fomentation of hops and vinegar to be applied to the vagina, and a similar one to the abdomen; this had the effect to allay the pains, and bring away a coagulated mass of fetid blood and mucus. Prescribed ℞ *Mer. viv.* $\frac{1}{10}$, pulv. x, *Aconite* ϕ gtt. x. in four ounces of water. A teaspoonful of the solution to be taken every hour in alternation with the powders. Weak brandy and water to be given in tablespoonful doses as often as every hour. Beef-tea and boiled rice three times a day in suitable quantities.

Progress of the case.—On the 12th I was sent for again: my patient was worse. The pulse was 120. Urine scanty and high coloured. Bowels costive. Tongue dry, brown, and cracked. Features expressive of anxiety, the skin a deep yellow colour. Great thirst and loss of appetite. The abdominal pains less acute; tympanitis very marked upon auscultation. Pain and discharge from the vagina insufferable. Has frequent desire to pass urine, which is attended with considerable irritation. Found the left labium majus suppurating extensively along with the perineum. The right labium partially destroyed. The sloughing extended from the meatus externus urinarius to the rectum. Applied cold compresses to the abdomen. Continued the hop fomentation to the vagina. To have an enema of tepid water. ℞ *Nux* $\frac{1}{10}$ gtt. x. aq. ℥viij s. Teaspoonful every hour. Remained with the patient all night. At 3 a.m. she had an evacuation

from the bowels. Continued the *Nux* every two hours. She fell asleep. At 7 a.m. directed a poultice of ulmus vulva to be applied to the abdomen, and cold water dressings to the vagina. The afternoon of the same day, before I left for home, I administered chloroform, in order to apply argentis nitras. After having pencilled the parts with the caustic, I directed sweet oil and *Opium* to be used to the genitalia. ℞ *Aconite* ϕ gtt. x. aq. font. ʒiiij. Teaspoonful to be taken every two hours for two days.

On the third day *Mer. viv.* $\frac{1}{10}$, pulv. xij. Powder to be taken every two hours. As soon as I reached the city, I requested our excellent pharmaceutist, M. Williams, to put up the following prescription and forward it per express:

℞ Sulphite soda, ʒiss;
Glycerini, ʒvj;
Aqua pura, ʒviiiss.

To be applied to the vagina three times a day. To have an injection of chlorate of potassa to the os uteri night and morning. Left the case in the hands of Drs. Trott and Putnam, who faithfully carried out my directions.

On the 26th the husband called to say that his wife was very much better, and able to sit up. The fetid odour of the discharges had been completely removed. The uterus had expelled at one effort about a quart of putrid matter, as though it had come from an abscess, and since then she had rapidly improved. Prescribed benzoated oxide zinc. ung. to dress the denuded surfaces of the vagina. No medicine.

Was called again to see her on the 4th November. She thought from the sensations about the rectum that a fistula in ano was forming. Upon a digital examination I could not find that any immediate danger was to be apprehended from this source. Further observations showed that the phagedenic character of the chancres upon the external labia cunni was changing to heathful inflammation. The bowels were in good condition. Urine free from mucus and blood. Pulse 70. Sleep natural. Appetite fair, but complains of want of strength. Easily excited and pros-

trated. Hæmorrhoids becoming very troublesome. No fistula. To discontinue the use of the sulphites externally. To have an injection of the same diluted with water, of equal parts, into the os uteri. The zinc ointment to be used, instead of the sulphites per vaginam night and morning, previously bathing the parts with tepid water and Castile soap. ℞ *Quin. sulph. cr.*, four powders of two grains each. S. Dissolve a powder in a tumbler half full of water, and give a teaspoonful of the solution every two hours. *Diet.*—Animal food twice a day, with a plentiful supply of vegetables and fruits.

Have learned that my patient is doing well. No need of further medical care.

Comments.—From the history of this case we find that the exciting cause of this train of symptoms was marital intercourse. Immediately after she irritated the vagina with her finger nails, which resulted in inoculation with venereal virus from her husband, who had been for the past year suffering from gonorrhœa. It had previously affected the womb, and now culminated in increased congestion of blood, producing a violent attack of inflammation, which spread through continuity of structure to the peritoneum. Chlorosis, painful dysmenorrhœa, and insidious venereal poison had already deteriorated the blood, and undermined the nervous system. The extreme tenderness on pressure over the whole of the abdomen, in the iliac fossæ, and inguinal glands, accompanied by swelling of these parts defined the phenomenon as *pelvic peritonitis.*

Uterine pathologists have given us several instances of late of this disease, and pointed out its symptoms as being analogous to orchitis in the male. M. M. Bernutz, who was the first to call attention to this disease, and distinguish it from pelvic cellulitis and pelvi-uterine phlegmon, has shown that it may be confounded with hæmatocele, ovaritis, or phlegmons of the iliac fossæ. Or it may be incorrectly diagnosed, as it was by my predecessor, the allopathist, as ulceration of the os uteri, prolapsus, metritis, or simple venereal chancre; any of these morbid states might cause this pelvic peritonitis.

Therapeutics.—Nux vomica was given because of its action upon the cerebro-spinal system of nerves which through reflex action felt the severity of the inflammation. After the bowels moved, *Aconite* in low strength met the disturbance in the circulation, whilst *Mercurius* was found invaluable in correcting the morbid secretions and arresting the venereal poison. As soon as the most formidable symptoms had subsided, and the prostration incident to convalescence from such an attack was manifest, *Quin.* exercised a toning influence upon the whole system. Alternating hot and cold applications palliated the acute sufferings, and prepared the way for the use of the potash and sulphites, which did admirable service in neutralizing the local virus, and disinfecting the parts.

The use of *Nitrate of silver* was also *secundum artem*, and resulted in promoting healthy granulation. The benzoated ox. zinc ung. most perfectly excluded atmospheric air, and stimulated growth of tissue.

As in all diphtheritic diseases and ulcerations of a specific character, the use of the sulphites is indispensable to remove the fetor, and neutralize the local blood-poison, and they are worthy of all that has been said about them in medical literature and private practice.

DROSERA IN SPASMODIC COUGH.

By Dr. Jousset.*

At the Homœopathic Congress held last year in Paris, Dr. Jousset read a paper entitled, *Clinical Demonstrations of the Infinitesimal Doses,* in which he related in a succinct manner 107 cases of bronchitis and phthisical coughs, in which *Drosera* was employed. "*Drosera,*" he observes, "according to Hahnemann, causes in the healthy subject a cough with tickling in the larynx, and vomiting

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of food;" in Dr. Jousset's experience, of 107 cases of cough of this character, 101 were relieved or cured. We have not space to give the details of the 107 cases, but we shall present the concluding remarks of the author, which briefly sum up the results obtained.

"The preceding 107 observations were furnished by 79 patients, some of them having been subjected several times to the action of *Drosera* at different periods of phthisis, or on the occasion of relapses of bronchitis.

"These observations are not selected, they are all I have treated at my dispensary for the last two years or thereabouts, at which period I was able to establish the indication for *Drosera*. To these I have added the cases treated by me at home for a year past, for I have not had time to search for records of more ancient date, and, moreover, the number 107 appeared to me to be sufficient to base my conclusions on.

"Among these 107 observations 51 were cases of bronchitis, 56 of tubercular phthisis. The 51 cases of bronchitis show one case of complete failure; but the chief indications for *Drosera*, tickling in the larynx and vomiting of food, were wanting, and I have only cited this observation in order to show that *Drosera* cannot be prescribed with success for every kind of spasmodic cough. This series shows but two cases of incomplete success; one of these two cases was treated by the mother tincture, the other by the 3rd trituration.

"Among the 56 cases of phthisis, the vomiting was not stopped in five cases; but even in these cases of incomplete success, the *laryngeal tickling* was always relieved, which proves that the medicine acted. Finally, among the phthisical cases I noticed several in which the action of the *Drosera* became obviously exhausted, and it ceased to have any effect on the cough.

"As regards the course of the disease, that shall be considered when we come to the doses.

"I should observe that in a certain number of the cases of bronchitis and phthisis, the *Drosera* removed the vomiting without alleviating the cough.

"The action of the remedy was usually developed from the third day; in a few instances during the period of rest after taking the medicine.

"In all but two cases the medicine was given three times a day for four days, followed by a rest of three days.

"I have looked over and compared the whole posological scale, from the lowest potencies to the 30th, and in one case the 200th dilution. I shall now give the results obtained from each dose.

"Among the 51 cases of BRONCHITIS, the *mother tincture* in three-drop doses was given alone twice: in one case the success was but limited, the patient continuing to vomit; in the other case the success was almost complete.

"Once the *mother tincture* caused the disappearance of the cough, which had only been ameliorated by the 3rd dilution, and for which the 30th dilution had done nothing.

"The 3rd dilution, given alone sixteen times, always succeeded.

"Given twice along with the 2nd dilution, it was completely successful.

"The 3rd trituration, given once, was but partially successful.

"The 3rd dilution, given after the 30th, succeeded better, and on another occasion the 30th dilution did better than the 3rd.

"The 12th dilution, given alone three times, was completely successful.

"The 12th dilution, given three times after the 3rd, answered better than the latter. The 12th dilution answered better than the 30th once; and once the 30th answered better than the 3rd. Neither the mother tincture nor the 3rd dilution answered better than the 12th.

"The 30th dilution given alone twice succeeded both times.

"To resume: 38 patients furnished 51 observations of bronchitis. In these 51 *Drosera* was always successful, excepting in one case, when it was not indicated; in two cases the mother tincture and the 3rd trituration were

only partially successful; the 12th dilution proved superior to the other dilutions, but it was not prescribed so often as the 3rd.

In 56 observations of PHTHISIS, *Drosera* was given six times in considerable doses as a remedy for the disease, from 15 drops to 40 grammes of the mother tincture in 200 grammes of water, three spoonfuls per diem. I only mention these cases in order to show the effect of large doses on the cough; but I must state expressly that I do not mean on the present occasion to draw from them any conclusions for or against the curative treatment of phthisis by *Drosera*, as my observations are not sufficiently numerous for that purpose.

"Of these six observations, twice after a transient amelioration for a fortnight, the effect on the cough and the disease was nil. Twice the cough was completely modified and a noticeable amelioration of all the symptoms took place, and lasted several months, but this amelioration did not last, in spite of the continuation of the medicine; twice the effect seemed to be injurious; in one of these cases there occurred frightful attacks of hæmoptysis, and in the other, on two different occasions, the cough and fever were aggravated by the large doses of mother tincture, whilst the same symptoms were removed by the 3rd dilution, a most important comparative trial.

"The 3rd dilution was eight times given alone, and was always successful. The 2nd dilution given twice was both times successful.

"On comparing the action of the 3rd, 12th, and 30th dilutions with that of the mother tincture, we see that the dilutions were more efficacious in ten patients, whilst the mother tincture was only once more efficacious, and in that case it was only the 200th dilution that was given. On comparing the dilutions with one another, we find that on eight occasions the 3rd was more efficacious than the 12th and 30th, and that on other eight occasions the 12th and 30th proved superior to the 3rd.

"The 30th dilution given alone in one case was quite successful.

"*Aggravation.*—The mother tincture manifestly aggravated the cough, vomiting and fever in two cases. The 3rd dilution also aggravated the same symptoms in two cases; on one of these occasions given three times a day, and in the other, in order to obtain a more decided action, it was prescribed to be taken every two hours.

"I frequently observed that the symptoms of cough and vomiting increased during the first days of taking the medicine, and were allayed either towards the end of that period or during the subsequent days. I always prescribed the medicine to be taken for four days, followed by three days of rest.

"*Conclusion.*—From these facts I conclude that *Drosera* modified the cough of the character I have described 101 times out of 107; therefore the therapeutic action of *Drosera* is undeniable. I may add that as in most cases the dilutions proved superior to the mother tincture, the action of *Drosera* in infinitesimal doses is clinically demonstrated."

ON THE DOSE.

By Dr. Hirsch, of Prague.

(*Concluded from p.* 112.)

Among the medicines experience has shown to be useful in certain groups of cholera symptoms, is *Secale cornutum*: but I must to my sorrow confess that I had only once an opportunity of observing its good effects in this disease, and that in one of the secondary diseases of cholera.

It is in the ganglionic nervous system and the spinal chord, together with several of the organs they supply, that *Secale* displays its principal, and in many respects, peculiar effects. In the case of this medicine, also, I find that the lower triturations were specially indicated in the affections proceeding from the ganglionic system, and the higher

dilutions in those connected with the spinal chord. Thus, for example, *Secale* proved speedily curative in certain hæmorrhages, which I shall by-and-by describe more particularly, whilst some spasmodic states which appeared particularly suitable for the employment of this remedy could only be subdued by the higher dilutions. As regards the hæmorrhages alluded to, among several cases, two are particularly impressed on my memory. One of these was the case of the wife of one of the professors in the university, about 35 years of age, the mother of three children. She had been affected for three weeks with metrorrhagia, which came on without ascertainable cause at the catamenial period, which took place at the regular time. On the fifth day after occurrence of the menses, when they usually ceased entirely, a renewed, more profuse flow of blood set in, which induced the lady to send for her homœopathic medical attendant, a gentleman considerably advanced in life. He advised her perfect rest, seeing that any movement increased the discharge; regulated her diet, and in the course of his treatment, administered what appeared to him the best indicated homœopathic remedies, but with only slight benefit, for every attempt to leave her bed and take a few steps was followed by the reappearance of the hæmorrhage. At the request of the patient's mother I was called in in consultation. After satisfying myself by internal examination that the hæmorrhage was not owing to a polypus of the uterus, I was led to recommend *Secale* by the following symptoms:—The relaxed condition of the body; the depressed anxious state of mind; the unusual drowsiness by day; the gush of thin black blood on the least movement of the body; the general feeling of prostration, with diminished temperature of the body; the wooden numb feeling in the lower extremities: all these symptoms seemed to me to point clearly to the appropriate remedy, and yet *Secale* was mentioned among the medicines she had taken. But the circumstance that it had been given without effect in the 15th dil., and my previous experience, led me to expect a better result from the administration of a lower trituration. Accordingly

some powders of the 2nd dec. trituration were ordered, one to be taken three times a day. The first dose was given about noon, and in the evening the napkins showed scarce a trace of blood. The following day the bed linen was changed, during which the patient had to sit up in a chair, but this caused not the slightest relapse. The following day the patient feeling better, got out of bed and sat up for several hours, and the day after she walked for some time about in the room without any bad effects, and from this time forward she might be considered perfectly cured of her metrorrhagia. The catamenia did not come on until six weeks afterwards, and ran a perfectly normal course.

I had another opportunity of observing the excellent effects of *Secale* in the case of a gentleman, formerly in the army, affected with hæmoptysis. The attack I witnessed had been preceded by two similar but less severe attacks in the course of three years. These attacks had been treated allopathically. This last attack had been ineffectually treated for three days by an allopathic doctor, when it was resolved to call in a homœopathist. At my visit I found the patient, a thin, but tolerably strong-built man, sitting in an easy chair; his appearance presented no signs of suffering, though I was assured by those about him that he had coughed up at least two pints of blood; the thorax was tolerably broad and normally arched. The quantity of expectoration brought up by a slight cough during the last four hours, amounted to a tea-cupful of dark, not frothy, rather viscid blood. Percussion on the right side of the chest to the right of the nipple elicited a dull sound over a surface the size of a crown piece, and the corresponding part at the back of the thorax gave also a dull sound on percussion. Bronchial respiration and mucous râle were heard over that part. The low position of the dull sound and the abnormal râle, the absence of febrile symptoms, and of previous disposition to bronchial catarrhs, together with the good shape of the thorax and the robust constitution, excluded the idea of tubercular formation, and I inferred that an effusion of blood and a coagulum existed at the spot indicated. I could not, of course, determine with

certainty whether there was present a hæmorrhagic infarctus from the former attacks of hæmoptysis, but I thought this was not likely to be the case, as the patient had felt quite well for some months before this attack, and had suffered neither from catarrh nor from dyspnœa on going up a hill or walking quickly. The symptoms present were a feeling of weight and oppression of the chest, and an unwillingness to take a full breath, as this was usually followed by an increase of the hæmorrhage. The pulse was tranquil, regular, pretty strong; so also were the heart's beats. Sleep was very much disturbed, as the patient dreaded falling asleep in case he should be attacked by a violent fit of hæmorrhage. The small amount of nourishment allowed was taken with relish, and the digestive organs were in good order. The medical man who had treated him before me had evidently thought there was some abdominal congestion, as he had at the commencement prescribed a purgative, but this had had no effect on the hæmoptysis, neither had the subsequent prescription of powders of *Digitalis* and *Nitre*, and the *Acid elixir of Haller* mixed with his drinks. The apparently indicated homœopathic remedies prescribed by me during the next forty-eight hours were equally inefficacious, until at last my choice fell on *Secale*. I gave this remedy in the 1st dec. trituration, a dose about the size of half a lentil, and three similar powders were left, with the directions to be taken at intervals of three, four, or five hours, according to the improvements observable. I called again in ten hours, and was pleased to find that one of the powders still remained, from which I inferred that material benefit had ensued, and the very small quantity of bloody expectoration in the spittoon confirmed this inference. As improvement went on from day to day the medicine was given at even longer intervals, and four days after commencing the *Secale* the patient could be pronounced quite cured. A few days later no abnormal sounds could be detected either by percussion or by auscultation, showing that the coagulum had been quite absorbed after the cessation of the hæmorrhage.

My original intention was to confine myself to the detail

of such cases only as could show the greater advantage of the larger homœopathic doses, but I shall here relate a case of a different character, partly for the sake of contrast, partly in confirmation of the view I formerly expressed, that the higher dilutions are generally better suited to morbid conditions connected with the spinal nerves. The case was an affection proceeding from the spinal nerves, in which a low trituration of *Secale* was useless, whilst a higher dilution of the same medicine effected a brilliant cure.

Last year an architect, æt. 42, of robust constitution, consulted me on account of an affection of his foot. When he walked towards me at his first visit, I noticed at once a peculiar limping gait, the cause of which was explained to me when he showed me his right foot, all the toes of which were drawn spasmodically upwards, continuously during the day, and occasionally at night. This cramp was unaccompanied by any feeling of pain, still it was a very tiresome sensation, rendering walking, and particularly going up and down stairs, very difficult. On examining the foot and leg, the tendons running along the dorsum of the foot to the toes were found to be as tense as wires, and the corresponding muscles of the leg were larger and harder than those of the other leg. On carefully examining the spinal column no objective symptoms were discovered, but the patient asserted that he now and then experienced a slight sensation of cold in the back, and also a peculiar sensation in the spine, which he likened to a buzzing, by which I suppose he meant formication, only he could not express himself better. In other respects he was perfectly well. The only probably predisposing cause he could assign for his chronic disease, which had now lasted six months, was some sexual excess. Scarcely had I obtained a clear view of the morbid picture, than the corresponding symptoms of *secale cornutum* occurred to me, and as I had in my pocket case only the 2nd trituration, I made eight powders of it, each containing a dose about the size of a lentil, and prescribed one to be taken every night and morning. Some days afterwards the state was precisely the same; I again prescribed the same medicine in the same dose for the next four days. This

also produced no alteration. Still, convinced of the appropriateness of the remedy, I ascribed the failure to an improper dose. I accordingly now had recourse to the 6th dilution, of which I prescribed six globules night and morning. I saw the patient a week afterwards. Though I could perceive no alteration in his peculiar gait, he assured me that he experienced a diminution of the tiresome tension in the toe tendons, and I imagined I could discern a relaxation of their former stiffness. I gave him a good supply of the *Secale* globules, and told him to go on with the medicine for a fortnight before again showing me his foot. In the mean time the war brought the Prussian occupation of our town, during which doctors saw but little of their patients, so that it was two months before I again saw him. I was then astonished to observe that he walked quite well, and with joy he informed me that he had scarcely taken half of the medicine given, when he found that he got so much better that he was able to walk for several hours with ease, and had entirely lost the uncomfortable feeling in his spine. The amendment went on from day to day, and for the last fortnight he had felt so perfectly well that he had not considered it necessary to go on with the medicine.

Here I may relate another case of a somewhat analogous character. It was that of a boy, æt. 12, who had had an attack of cholera, which was cured by *Veratrum*. A week after his recovery he still complained of numbness and formication in the toes, which had remained after the cramps in his foot and calves. I did not attach much importance to it, believing it to be owing to the weakness following the attack. But when he began to complain of a recurrence of the cramps in his calves which disturbed his night's rest, I deemed it necessary to prescribe for him. I gave him six powders moistened with the 6th dilution of *Secale*, and told him to take a powder every night and morning. This sufficed to remove entirely the cramps in his calves, together with the sensation of numbness and formication in his toes.

If we take a synoptical survey of the action of *Secale*

on the healthy body in order to obtain an accurate notion of its peculiar characteristic effects, we find that it is chiefly the vegatative life and the organs connected therewith, under the dominion of the sympathetic nerve and the ganglia appertaining thereto, that are most intensely acted on by this drug. It is chiefly the vascular system, and especially the capillaries which are paralysed and deprived of their motory power by the action of *Secale,* whereby gangrene of the parts farthest removed from the central organ of the circulation is produced. This complete inaction of the capillary vessels disposes them also to passive hyperæmia in many organs, to hæmorrhages and extravasations of blood. But the action of *Secale* is exerted on the blood itself, causing sepsis and dissolution of that fluid. All the various and peculiar phenomena observed to follow the action of *Secale* in the vegetative sphere of the healthy organism, are explained by the sketch we have given of the chief effects of this medicine. But besides the ganglionic system, we find that the spinal cord and its motor and sensitive fibres are greatly influenced by *Secale.* In consequence of this we see it cause most diverse cramp feelings, clonic and tonic cramps, both of the fibres of voluntary muscles and of those more directly under the influence of the ganglionic system, but still in anatomical connexion with spinal nerves. Symptoms also are produced evidently owing to peculiar affections of the sensitive nerves. Among these are the characteristic formication and creeping sensation, subjective phenomena denoting impending or commencing peripherical paralysis. As regards the cerebral symptoms observed in the provings of *Secale,* they seem to be owing to poisoning of the blood.

It would be hard for the homœopathic practitioner, more particularly if he be much occupied with the diseases of women and children, to forego the use of *Ignatia.* The prevailing nervous character of childhood and of the female sex makes this medicine, whose action is chiefly on the sensitive and motor nerves, and not on the secreting nerves, play an important part as a remedy in many diseases of that age and sex. According to my experience *Ignatia* is

one of those remedies which acts best in cases for which it is suited in lower (3) dilutions. I have made many satisfactory cures with this excellent remedy alone. It is particularly in treating children that we so often find *Ignatia* clearly and distinctly indicated. When children in the first period of dentition, with pale complexion, or in consequence of irregular innervation of the capillaries, with remarkable redness of one cheek and cold nose, are affected with *convulsions*, be they confined to the motor apparatus of the eyeball, or of the thorax, or of the extremities, or the extreme muscles of the nape, back, or of several of these muscular parts at once, we may with confidence expect a good effect from the administration of *Ignatia*, and that with all the greater certainty if the increased temperature of the body is transient, and if the skin is rather cool to the touch.

In the case of children with pale complexions and blue encircled eyes, there gradually ensues a great degree of timidity and tendency to start, followed by involuntary movements of the facial muscles and of the upper and lower extremities, gradually attaining the intensity of chorea; we may expect the best results from the administration of *Ignatia*, a drop night and morning on sugar, and I have seldom been obliged to have recourse to *Stramonium*, a medicine which has never yet failed me even in the most highly developed choreas, when otherwise homœopathically indicated. I give it also twice a day. After a powder of the 6th dilution a marked beneficial effect was observed in the muscular movements. I have frequently had opportunities of observing the good effects of *Ignatia* in nervous symptoms ensuing after fright, and it is of great use in chorea resulting from a fright. I saw a girl suddenly affected with St. Vitus's dance from being frightened by a mouse running up her arm. It was rather a severe case of chorea, which showed itself chiefly in twitchings in the facial muscles and active movements in the upper extremities, so that the hands seemed always to be engaged in some sort of voluntary work. At one time she put her hand to her hair, at another to her ear, now she extended

her arm quickly as though to smoothe her dress, and so it went on all day long, and as a consequence of these involuntary muscular motions, the power of voluntarily moving the hands was so far lost that the patient was obliged to have assistance in eating or drinking. After four doses of *Ignatia* 3, a drop on sugar night and morning, she so far recovered the power over the movements of the arms that she could help herself to food, and after a week more of *Ignatia* she could be pronounced cured. Such rapid cases of recovery, however, the homœopathist will meet with only when he has the chance of treating a patient before he has been operated on by clumsy allopathic procedure. As with chorea so also with epilepsy. As regards the latter disease, I find, on looking through my journals, that I have had twenty-four cases under treatment; of these, alas! but six were perfectly cured, and five of them came to me either at the first appearance of the disease or after having had but few fits. The sixth case was the only one I succeeded in curing after allopathic treatment had been in vain employed for a year. The other eighteen cases were more or less relieved; in some the fits came on much more rarely, so much so that the patients were for weeks and even months under the delusion that they were quite cured; in others the fits were lessened in violence; still a complete cure was not effected after even two or three years. All these cases had been previously for a long time under allopathic treatment. Those cases in which the patients had had quantities of oxyde of zinc were always of the most hopeless description. The reason why homœopathic treatment should be less efficacious after the previous administration of strong doses of zinc seems to be that this medicine blunts the nervous irritability to such a degree that no beneficial reaction to homœopathic remedies is thereafter possible. We notice a similar want of susceptibility to homœopathic remedies, at all events at the commencement of treatment, in those cases of hysterical spasmodic diseases which have already been treated allopathically with large doses of cherry laurel water or morphine.

I have often had occasion to appreciate, in my practice

among children, the property of *Ignatia* in depressing the innervation of the longitudinal and circular muscles of the rectum, thereby causing a semi-paralysed state of the bowel and allowing the fæces to accumulate in it to a great extent. In the case of children thus affected, I am in the habit of prescribing a powder moistened with the 3rd or 6th dilution of *Ignatia* every night and morning, and before many days are passed, distinct signs of amendment are observed. Accompanying the above state we often find, after an evacuation, a considerable prolapsus of the bowel, a symptom that is a decided indication for *Ignatia*, and we can accordingly reckon with certainty on its curative effect. It would appear that *Ignatia* has a special affinity for the rectum of children, as it is a powerful remedy for the thread-worms that inhabit that part. *Ignatia*, in low dilutions, is the only thing that can dislodge these parasites from their seat; it is especially indicated when traces of blood are observed in the stools.

ON THE PRESENT DOCTRINE CONCERNING VACCINATION.

We have two reasons for writing a paper on this subject. The first is, that there is some suspicion on the part of the profession and the public that we homœopaths are unsound about vaccination. That there is little foundation for the suspicion, we believe. We know that there was some wild talk once about the administration of *Thuja* in a high potency superseding as a prophylactic measure the discovery of Jenner. More recently we have heard of the ingestion into the stomach of vaccine lymph, even in the 30th dilution, as at least equivalent to its inoculation. And it is possible that there are some among us who have taken up homœopathy, not so much from scientific conviction, as from a tendency to heresy; who follow it as they do mesmerism, phrenology, and spiritualism, to say nothing of religious

eccentricities: and to such a habit of mind the denial of the truth of vaccination comes easy enough. But we are sure that the great mass of our body, both here and abroad, are as sound in their doctrine and consistent in their practice in regard to vaccination as any of their brethren of the old school. Nevertheless it is well to convince opponents, and to re-assure waverers (if such there be), by stating briefly the claims of Jenner's discovery to be one of the greatest blessings conferred upon the human race.

But besides this, there has accumulated during the half century since Jenner wrote an immense mass of experience concerning vaccination. From the facts observed numerous inferences have been drawn relative to the theory of the operation, the best method of performing it, the pathological relation of cow-pox to smallpox, the amount of protection conferred by the one against the other, the desirability of re-vaccination, and so on. All these points are interesting; some are of great practical importance. Many of the facts and doctrines, moreover, are comparatively recent, and have hardly yet permeated the medical mind at large. We conceive, therefore, from this point of view also, that we shall be doing good service by bringing the whole subject forward in the pages of this Journal.

The broad facts of the case are these. A hundred years ago, every individual in the community was not less certain to catch smallpox than he was to pass through whooping-cough and measles. And the certainty was a far more terrible one. One out of every three cases died: and the majority of those who survived were more or less disfigured for life. So that in the thirty years previous to the introduction of vaccination the average annual mortality from smallpox in England was estimated by Dr. Lettsom and Sir Gilbert Blane at 3000 to the million of population; while in descriptions of countenances written at that period the word "pock-marked" occurs almost as a matter of course.

The scene is now changed. To have smallpox is the exception rather than the rule. When it does occur, it is generally in the modified and mild form known as "vario-

loid," rather than "variola." A pock-marked face is a rarity: and the average annual mortality from smallpox in England during the ten years 1854-63 inclusive was 171 to the million, instead of the 3000 of old.

What has wrought this difference? It is not that smallpox is less contagious than it was. Dr. T. K. Chambers speaks as strongly upon this point in his *Clinical Lectures*, as did the physicians of the last century (see Watson's *Lectures*, vol. ii, p. 864). Nor is it that the milder form of the disease occasionally met with of old, and described as variola benigna, verrucosa, or cornea, is now the prevalent type: or that the improved treatment inaugurated by Sydenham has materially lessened the mortality. To the unvaccinated the disease is as fatal and as disfiguring now as ever. Of the 2654 such cases admitted into the Smallpox Hospital from 1836 to 1851 inclusive, 996 died, *i. e.* 37 per cent. And in an examination of upwards of 50,000 school children, conducted in 1863, out of every 1000 having no marks of vaccination, 360 had scars of smallpox; and of these a very large proportion were seriously marked and disfigured.

As already hinted, the true cause of the difference is the spread of the practice of *vaccination*. While the mortality among the non-vaccinated at the Smallpox Hospital was averaging 37 per cent., that of the vaccinated at the same period was only 6½ per cent. And as regards the children already mentioned, of every 1000 having evidence of vaccination, only 1·78 were scarred with smallpox: and these "were for the most part very lightly marked—the cases being quite exceptional in which there was anything approaching to disfigurement." This is because when smallpox does occur in those who have been vaccinated, it nearly always assumes the mild and modified character above referred to. It is no less certain that in the great majority of instances to have been vaccinated renders one proof against the contagion as though one had passed through the original disease itself. Of 215 unprotected members of families in which smallpox occurred, 200 contracted the disease: while of 91 vaccinated, only two took it. In another inquiry re-

garding 757 individuals in infected families,—of 231 protected by vaccination, 27 only contracted smallpox; of the unprotected, every one was attacked except seven: and 14 cases occurred in persons who had previously had variola. This is only a specimen of results which have been obtained on a much larger scale in all countries of the world, and which are testified to with a rare unanimity by all who have had the opportunity of observing them.*

What, then, is vaccination? It is "the process by which a peculiar specific disease—vaccinia or the cow-pox—is introduced into the human system with the view of protecting it against an attack of smallpox" (Seaton).

This "vaccinia," although a specific disease, originates spontaneously in the cow, and perhaps in some other animals. It has that precise and definite course so characteristic of all the diseases of this family. Papules appear on the udders and teats on about the fourth day after invasion. These develope into vesicles, around which on the eighth or ninth day areolæ are developed. By the twelfth day the lymph in the vesicles has become turbid. Desiccation and incrustation set in; and the scabs formed separate spontaneously from the twentieth to the twenty-fourth day, leaving behind permanent slightly depressed cicatrices. With all this there is little apparent indisposition.

By inoculation of the lymph of these vesicles we reproduce at will this sequence of phenomena on the human subject. On the third day after the operation a papule is apparent, which by the sixth has become a vesicle with the characteristic cup-like depression. On the eighth day the areola has begun to form. Then the lymph becomes opaque and concretes, and a scab results, falling off from the twentieth to the twenty-fifth day, and leaving behind the well-known cicatrix. Here, too, the constitutional disturbance is generally of the very slightest.

It would be supererogatory here to recount the steps by which Jenner was led to propose this inoculation with

* These statistical facts have been drawn mainly from two very able articles in Dr. Russell Reynolds' *System of Medicine*—"Smallpox," by Mr. Marson; and "Vaccination," by Dr. Seaton.

vaccine lymph, as a prophylactic measure against smallpox. They are familiar to all of us, and have well been called by Mr. Simon "a master piece of medical induction." The practical success of his method has been already exhibited. We proceed now to inquire—what is the theory of the process? how does vaccination affect the constitution, and on what principle does it render it so almost entirely insusceptible of the contagion of smallpox?

1. To answer the latter question first. Jenner conceived that the vaccinia of cows was their variola: hence that in vaccinating you were really inoculating smallpox, and that the immunity of the vaccinated arose from their having already had a mild but effectual attack of the disease itself. This theory is now considered as established by the results of the inoculation of cows with variolous matter. The disease induced has been, not smallpox, but cow-pox: and the lymph taken from its vesicles has produced the usual effects of vaccination in the human subject.

It seems almost presumptuous to question a doctrine so generally received. But there are certain facts which seem to us to demand explanation; and which, as they stand, constitute objections to the *identity* of the variolous and vaccine poisons. Thus: if within a certain time after exposure to the contagion of smallpox the patient is vaccinated, the disease will not be developed: and if it is done one day later, although the pox will appear, it will be modified as we ordinarily see it in vaccinated subjects. The relation of the two poisons here looks like one of similarity rather than identity. Again, we have seen it stated, though we cannot now refer to the authority, that if variolous and vaccine lymph be simultaneously inoculated, the result is an attack of smallpox, but modified just as by vaccination. If this be so, the inference is still more obvious. But if the former observation alone be warrantable, that at least stands right in the way of the identity theory, and points to our law of similars as the more probable explanation of the phenomena.

2. A still more interesting question is, what is the theory of vaccine inoculation? It is probably the notion of most

of us that the lymph is at once absorbed into the blood, and the constitution thereby infected, the resulting vesicle being an evidence that such infection has already taken place. But the modern doctrine is wholly opposed to this. It teaches that the effect of the inoculation is at first, although specific, purely local; and that its extension to the constitution at large is effected by the means of the areola, which does not begin to form until the eighth day, and whose development is attended by the general disturbance which, however slight, constitutes the true eruptive fever. This doctrine seems assumed rather than argued out: but there are two sets of observations, which appear, at first sight at any rate, to warrant the assumption.

The first consists of the results, already referred to, of vaccinating a person who has already caught smallpox. It is well known that the variolous poison has a definite period of incubation, viz., twelve days; that after this follow forty-eight hours of illness, and then the disease begins to appear on the skin. Now if vaccination affects the constitution *ab initio*, it would seem that its performance at any time during the twelve days' incubation would produce all the modifying effect upon the development of the disease of which it is capable. But it is not so. The facts of the case, as vouched for by Mr. Marson are these. Vaccination, to be effective, must have gone on to the stage of areola before there is any illness from smallpox. The areola is not fully formed until the tenth day. Thus, if an unvaccinated person receive the contagion of variola on a Monday, he must be vaccinated not later than the following Wednesday if the development of the smallpox is to be absolutely prevented. If the operation be performed on the Thursday, the smallpox will appear, but will be modified. If it be delayed till the Friday it will be of no use whatever. "This," says Mr. Marson, "we have seen over and over again, and know to be the exact state of the question."

The second set of observations has regard to the *number* of the vaccination cicatrices in reference to the protection of the individual from smallpox. If the vesicles were only a local evidence that the constitution was already infected, one

such sign would seem sufficient for the purpose; and with one accordingly many of us have probably been content. But Mr. Marson's very extensive and thorough investigations at the Smallpox Hospital lead to precisely opposite conclusions. They show that the degree of modifying power given by vaccination is, *cæteris paribus*, in exact ratio to the *number* of the cicatrices, at any rate up to a certain point. Thus, among vaccinated persons the death-rate per cent. from smallpox was

In those having	one vaccine cicatrix	7·73.
„ „	two vaccine cicatrices	4·70.
„ „	three vaccine cicatrices	1·95.
„ „	four or more vaccine cicatrices	0·55.

From such facts it seems only fair to argue that the infection of the system proceeds from the vesicles as a local centre, and is more complete in proportion to the number of centres established.

But here again we are going to be contentious, though not, we hope, from love of contention, but from desire for the truth. Let us cite a short paragraph from 'Watson's Lectures,' vol. ii, p. 871 (4th edition).

"Of course it is of much moment to determine whether the cow-pox has run its proper course or not; and it is not always easy to say how far the progress of the vesicle may deviate from that which has just been described, without failing of its protecting influence. A very ingenious test of this, free from all ambiguity, has been devised by Mr. Bryce. His plan is this—he vaccinates the other arm or some other part of the body, four or five days after the first vaccination. *If the constitution have been properly affected by the first operation*, the inflammation of the second vesicle will proceed so much more rapidly than usual, that it will be at its height, and will decline and disappear as early as that of the first: only the vesicle and its areola will be smaller. In fact, from the time of the formation of the areola, the second vesicle is an exact miniature of the first. If the system have not been duly influenced by the first vesicle, the second will run its own course, increasing up-

to its eighth day, and so on. Should this be the case, the second vesicle should be tested by a third.

"We find the germ of this criterion in the early history of vaccination. Dr. Jenner vaccinated the children of his friend Mr. Hicks, the first gentleman who consented to adopt the practice. This Mr. Hicks became afterwards an expert vaccinator himself, and it was his custom, in a doubtful case, to perform a second vaccination a few days after the first; and he remarks that the second vesicle made immense strides to overtake the first."

To appreciate the full significance of the fact thus doubly attested, we must bear in mind that the phenomenon of *acceleration* in the development of these specific disorders always implies (excluding imperfect "taking," which is here out of the question) some prior infection. We see it in re-vaccination, where the stage of areola is reached on the sixth day instead of the eighth. We see it in varioloid, where the eruption reaches its height on the fifth day, and then rapidly declines. When, therefore, we see it occurring in a second vesicle initiated some days after the first, the inference conveyed in the clause we have italicised seems obvious. The constitution has not waited to be affected until the formation of the areola; but is already so influenced that a second inoculation behaves differently from the first. This could hardly be, were the effects up to the eighth day purely local.

We do not think, moreover, that the first set of observations referred to proves much. Vaccination has no power to modify smallpox unless the stage of areola be reached before the eruption appears. Well; this *may* be because through the areola only the constitution is affected. But it may just as well be though the vesicle be a sign and not a cause, a sign of the full development in the system of a disorder which has nevertheless begun from the first insertion of the lymph.

The second set of observations is of far more weight. It loses a little of its force, indeed, when we notice that the *quality* of the cicatrices is even of greater importance than their number. Thus, of those having one vaccine cicatrix

only, and among whom the death-rate was 7·73 per cent., 3·83 per cent. only died whose single scar was well-marked, 11·91 where it was badly marked. So of the second class (two cicatrices) whose mortality was 4·70 per cent., among the well-marked 2·32 per cent. succumbed to the disease, among the badly marked 8·34. But as even the most favorable result here is four times as fatal as that following the establishment of four or more cicatrices (0·55 per cent. only), number still asserts its claim. Quality might belong to the cicatrices as signs; but quantity seems to stamp them unequivocally as causes.

In addition to the observations now discussed, the advocates of the modern doctrine would probably point to the phenomena of hydrophobia and syphilis as parallel cases in proof of their theory. In both we have a lingering and probably a development of the poison at the seat of its implantation; then local symptoms—the "recrudescence" of hydrophobia and the chancre of syphilis; then constitutional infection. As far as hydrophobia is concerned, the force of the parallel must be admitted. But when syphilis is adduced as a case in point, it is only thrusting the difficulty farther back. Is it yet proved that Hahnemann was wrong in supposing that the breaking out of the chancre was an evidence that the syphilitic poison had already infected the system? The fact that the neighbouring lymphatic glands always enlarge and harden before constitutional symptoms appear is undoubtedly against him, as it looks as if through them the poison, locally implanted, invades the constitution. But the question must be regarded as still *sub judice;* and we can hardly yet make use of syphilis to throw light upon vaccination.

It is worth inquiring how far the experiments which have been made with the internal administration of vaccine lymph help to a solution of the question before us. The observations to which we refer may be found in vol. xxiv of this Journal, p. 171, and vol. xxv, p. 340. It seems that Drs. Severin and Codde—two of our Italian confrères—find that the 30th dilution of vaccine matter, administered by the mouth, produced, "*after the usual period*, beautiful and

perfect vaccine pustules, accompanied by the usual fever, &c." Then Dr. Schneider, of Magdeburg, experimented with the 3rd dilution. His details are more precise. Out of 300 or more persons, to whom he administered a dose of this potency, he saw fifteen cases where an eruption appeared between the 2nd and the 7th day. Some had pimples, some vesicles, and some true "pocks"; but in no case was there anything like the typical development of the vaccine vesicle with its following crust. The subject has last been taken up by Dr. Norman Johnson of Michigan. He began by administering a grain of the 1st dec. trituration of cow-pox lymph to five children (probably, though he does not say so, unvaccinated hitherto). "Each child was affected with a definitely marked fever, and also in each a development of pocks in the mouth and upon the lips." He then made a remarkable experiment upon himself. He had been vaccinated when six months old, never re-vaccinated, frequently exposed to variola and varioloid, but never in any way affected thereby. On February 20th he took the contents of one tube of cow-pox lymph. "*Within sixty hours*" he writes "I was nearly prostrate by the fever this induced. Tonsils and salivary glands became tumefied and very tender; vesicles gradually but certainly developed in mouth and throat,—in fact, through the whole intestinal tract; about one half-dozen appeared upon my face, but none others externally. . . . On the seventh or eighth day I took lymph from the vesicles upon my face and vaccinated two children and an adult woman, in families that I could see frequently. It worked successfully in each case, and from the arm of one I took a scab which I used upon several others with like results."

We need hardly say that these experiments, though very interesting, by no means warrant the practice of "vaccination through the mouth" which has been proposed on the strength of them. As regards the theory of vaccination, we think that they make rather in favour of the view of primary constitutional infection. But they cannot be regarded as decisive: and in this balanced state, after all that has been said, we must leave the question.

We pass now to consider some of the practical points concerning vaccination in the light of these recent researches.

I. What constitutes *efficient* vaccination? Whatever be the interpretation of Mr. Marson's observations, they at any rate make it certain that we enhance the security of our patient by vaccinating in three or four places. Three, rather than the two commonly employed, ought to be regarded as the minimum. Of still greater importance than number is *quality*. To obtain this, we must ensure the full and regular development of vesicle, areola, and scab. *Retardation* of the usual course of these phenomena proves nothing against their value. *Acceleration* is more suspicious: but does not impair efficacy if the development be full. "The one important practical fact is that a vaccination presenting any deviation from the perfect character of the vesicle, and the regular development of the areola, is not to be relied on as protective against smallpox" (Seaton). The subsequent test of quality is the character of the cicatrix.

II. Should anything in the state of the child's health make it undesirable to vaccinate? We should obviously refrain from doing so were it labouring under any acute disorder. But Dr. Seaton states, as the result of his extensive experience, that the presence of cutaneous eruptions,—herpes, eczema, and notably intertrigo—has a spoiling influence on the vaccination.

III. Is it possible to communicate other diseases by means of vaccine inoculation? Dr. Seaton's section treating of this question is profoundly interesting. We shall probably all agree with him that vaccination is frequently blamed for consequences which do not belong to it. That it may act as an *exciting* cause—as measles often does—to a tendency to cutaneous and even scrofulous disorder already present in the system is possible, and even probable. But it is pretty certain that this tendency would be sooner or later stirred up by teething or other causes: and it is more likely to get efficient treatment when manifested than if it had lain dormant.

That so specific a virus as vaccine lymph should ever be contaminated with any other, as that of scrofula or syphilis, is *à priori* most unlikely. Nor have any medical authorities ever believed it in the case of the former diathesis. But as syphilis is inoculable from person to person, it is not so absolutely incredible that it may be transferred by means of vaccination. Dr. West, Professor Paget, and Mr. Marson concur with the officials of the National Vaccine Establishment in stating that no such case has ever come within their experience: and direct experiments with the view of effecting such transfer have failed over and over again.

Nevertheless, one undoubted positive observation will outweigh hundreds of negative ones. The well-known outbreak of syphilis at Rivalta is supposed to furnish such a positive observation. It must be noticed that it is not argued that the vaccine lymph of a syphilitic child would impart syphilis, or any other than its own specific contagion. But it is considered possible, on the basis of the facts referred to, that the inoculation of syphilis in vaccinating from a genuine vaccine vesicle, though of excessively rare occurrence, is yet possible, *supposing that some of the blood of the syphilitic child was inoculated along with the vaccine lymph.*

We refer to Dr. Seaton's paper for his reasons for thinking this doctrine very unlikely, and for questioning the correctness of the interpretation put upon the Rivalta outbreak. But however this may be, his practical conclusion is worthy of all acceptation. "While the communication of syphilis in vaccinating, through the careless inoculation of blood, must not be accepted as proved, it behoves the practitioner, bearing in mind the duty of avoiding every possible risk, to be more than ever careful to vaccinate only from the healthiest children, from the most perfect vesicles at the proper period of their course, and with pure unmixed vaccine lymph, free from the slightest stain of blood."

IV. The question of re-vaccination is a very interesting and important one. We may at once dismiss the popular notion that vaccination should be renewed every seven years, as in the course of that period the whole constitution is

changed. But the desirability of its being repeated once at least after infancy rests on the following facts.

a. In the majority of persons re-vaccination produces either no local effect whatever, or an accelerated and imperfect vesicle, bearing about the same relation to the typical form as varioloid to variola. But in a certain proportion of cases, the results of re-vaccination are the same as those of primary vaccination,—the vesicle, and sometimes even the areola and cicatrix, being perfectly formed. It is a natural inference to suppose that the first of these classes at the time of re-vaccination were absolutely insusceptible of variola: that the second could only have it in the modified form: while the last would supply those exceptional instances sometimes met with in which smallpox in vaccinated subjects displays its usual severity and runs its full course. Dr. Seaton, indeed, adduces some statistics of the results of re-vaccination in the army which seem to contradict this inference. If they do so, they also contradict the theory of the identity of the variolous and the vaccine virus, from which the above conclusions seem a necessary consequence.

b. There seems to be a renewal of susceptibility to the variolous contagion about the age of puberty. "It is found" says Mr. Marson "that the majority of those attacked with smallpox after vaccination are from eighteen to twenty-five years old." To the same effect are observations made in the army on a large scale, and on 1055 cases by Professor Heim. Re-vaccination at about the age of puberty seems therefore most desirable, to extinguish the renewed susceptibility which then occurs.

c. In what has been hitherto said, the perfection of the original vaccination has been taken for granted. But when such numerous observations have been made which show the very imperfect result with which many vaccinators have been content, a hypothetical repetition of the operation must often be demanded.

d. The results of the practice, thus warranted, have been most satisfactory. "After effectual re-vaccination" writes Dr. Seaton, "smallpox, even in its most modified form, is

found very rarely, or scarcely ever, to occur. Thus, Heim found that in five years there occurred among 14,384 re-vaccinated soldiers in Würtemburg only one instance of varioloid, and among 30,000 re-vaccinated persons in civil practice only two cases of varioloid, though during these years smallpox had prevailed in 344 localities, producing 1674 cases of modified or unmodified smallpox among the not revaccinated, and in part not vaccinated population of 363,298 persons in those places in which it has prevailed." Similar results have followed the systematic re-vaccination now practised in the Prussian army. Lastly, Mr. Marson tells us that in thirty years no nurse or servant at the Small-pox Hospital has taken smallpox, he having taken care always to re-vaccinate them on their coming to live in the hospital; and further, that when a large number of work-people were employed for several months about the hospital, most of whom consented to be re-vaccinated, two only were attacked by smallpox, but they were amongst the few who were not revaccinated.

The practical conclusion seems to be, that even in a child presenting imperfect cicatrices revaccination should be practised: and that at or soon after puberty all persons should undergo the operation. In either case Dr. Seaton recommends that the insertion of lymph should be repeated at intervals, if necessary, until local evidence of its absorption is given; or until several trials have made it pretty certain that the individual is insusceptible. "One thoroughly good primary vaccination to start with, and one careful re-vaccination after puberty, so conducted as to give evidence that the lymph was absorbed, are all that is necessary for the complete protection of the population against smallpox."

V. If this last statement of Dr. Seaton's be correct, Jenner was justified in his anticipation that those who had had the vaccine disease would remain ever after secure, or nearly so, against smallpox; that they would enjoy the same immunity as those who had already had smallpox, or at least as those who had been inoculated for that disease. The apparent exceptions to this rule have been already to a great extent accounted for by the imperfection of so much of the

vaccination ordinarily practised. It is a question whether another cause of the failure of the operation to afford absolute protection arises from the degeneration of the lymph. Most of the vaccinations now performed in this country are made with the lymph originally taken from the cow by Jenner, and which has since passed through multitudes of human beings. Mr. Marson thinks that the lymph, thus "humanized," does not leave such good cicatrices as formerly; and he states that the mortality in vaccinated subjects at the Smallpox Hospital has increased of late from 6·56 per cent. to 9·2 per cent. On the other hand, he admits that he has "frequently produced, lately, with lymph brought into use by Jenner more than fifty years since, vaccine vesicles which, on comparison, exactly correspond with the vesicles sketched in Jenner's original work explaining and illustrating the vaccine disease." Dr. Seaton, "under singular opportunities for observing vaccination, as practised generally in all parts of England," has never seen anything to warrant the notion that the general lymph supply of the country has undergone any necessary deterioration. But he calls attention to the extreme importance of taking lymph only from perfectly developed vesicles, and from these at the correct time, viz. the eighth day, or day-week from the operation. If this be attended to, there seems no likelihood that so essential a virus as that of cow-pox should ever become enfeebled, or lose its power of protecting the human race against one of its deadliest enemies.

ON IPECACUANHA.*

By Dr. Imbert-Gourbeyre.

Ipecacuanha is in daily use as a medicine, and yet this heroic remedy is far from being known in all its properties.

I intend, in this memoir, to study it from the Hahnemannian point of view for three reasons:

* From the January number of *L'Art Médical*, 1868.

1st. Because the homœopathic method, eminently experimental, is *the only rational one,* seeing that it is founded upon a twofold experiment.

2nd. Because the two foundations of the new school, viz. the law of similitude, and that of medicinal dynamization, shine with the brightest evidence in the case of *Ipec.*

Lastly, the third reason lies in the important additions which this school makes to the history of the medicine, and therefore "*Adjiciamus aurum auro.*"

The physiological facts at present known lead to the conclusion that *Ipec.* acts principally within four spheres of the organism—the respiratory passages, the circulation, the digestive canal and the nervous system, so as to produce in each a multiplicity of symptoms which, grouped in these systems, present a very clear portrait of that medicine.

We are therefore about to study this substance in those four departments under the primary condition of distinguishing with care the physiological action from the therapeutic application in the maladies pertaining to those several systems.

I. Of the action of Ipecacuanha on the Respiratory Passages.

Physiological action.

From the first importation of *Ipec.* into France its physiological action on the respiratory passages was speedily made known by the effects produced in the shops on the workmen employed in pulverising it.

At the head of the observers stands Homberg, who notices that pounding *Ipec.* and breathing it by the nostrils brings on spitting of blood and great sufferings in the head for two or three days (*Memoires de l'Academie des Sciences,* 1704).

And then Lemery (*Traité des drogues,* Par. 1714), who affirms that they who pulverise this substance suffer from epistaxis.

Geoffroi has, since those days, given a good summary of

the accidents produced by the pulverisation of this substance.

"Such is the viscosity and acrimony of *Ipec.*, whether ash-coloured or brown, that if a man pounds one or two pounds of the root and reduces it to a very fine powder, unless he carefully avoids the dust that flies off, he is soon seized with difficulty of breathing, spitting of blood, hæmorrhage of the nose, eyes, or face, and sometimes swelling and inflammation of the throat, which symptoms all disappear in a few days either of themselves or by the aid of venesection." (*Tractatus de Mat. Medica*, t. ii, p. 92, Parisiis, 1741.)

We read in James's *Dictionary*: "This root produces, in those who take it in powder in too large a dose, oppression of the chest, difficulty of breathing and spitting of blood. It is equally hurtful to the eyes. It increases the discharge from the lachrymal glands and puffs up the eyes, if the tears do not make their escape easily" (Art. IPECAC.).

Its asthmatogenic properties had been asserted, before Geoffroi, by the school of Stahl, "The contraction of the præcordia brought on at first by this root is not so much to be dreaded, for it soon disappears (JUNCKER, *Conspectus therap. generalis*, Halæ Magde. 1736).

A number of authors, as Schultze, Buchner, Nicolai,* Murray,† Hahnemann, Barbier, the great *Dictionnaire des Sciences Medicales*, &c., have all quoted Geoffroi on this subject. Bergius also notices this physiological action of *Ipec.* "The dust arising during its pulverization provoke sneezing by stimulating the nose, and also distress the lungs" (*Materia Medica*, Stockholmiæ, 1782).

The above are facts known to all druggists and apothecaries‡. I am only astonished that none of the professed

* *Dissert. inaug. medica de ipecacuanhâ Americanâ*, respondente Hueber. Halæ, 1744. Buchner, *Diss. de ipec.*, resp. Helcher. Halæ, 1745. Nicolai, *Materia Medica*, Halæ, 1751.

† The same author has given, in his *Medicinische Bibliothek*, an observation of asthma produced by *Ipec.*, which observation is pointed out by Hahnemann. If I had the work at hand I should have reproduced the fact *in extenso*, which is preferable to a dry analysis of symptoms.

‡ It has been recommended in the preparation of *Ipec.* powder, first to

toxicologists, Christison, Orfila, Taylor, &c., have devoted a chapter to the study of casualties produced by *Ipec.* This is evidently a lapsus.

I reproduce here some observations scattered here and there in our scientific archives in order to confirm the original remarks of Geoffroi.

Observation I.—Mrs. N—, married in 1751, at the age of 26. During the first two years after marriage she was seized from time to time with fits of asthma and remarkable tightness of the throat and chest, with a kind of hoarseness; the fits were sudden, without any appreciable exciting cause, and sometimes so violent as to threaten instant suffocation; they usually went off in two or three days, and in general with spitting of a crude phlegm, which she described as having a disagreeable metallic taste. She was bled and took some "pectorals," but all in vain.

About two years after marriage, she told her husband, who was a doctor, that she observed these fits come on invariably when he was pulverising *Ipec.* in the shop, and she was sure the emanations of this medicine were the immediate cause of the affection. This was at first ascribed to imagination and for some time little attention was paid to it. Subsequently, however, it often happened that when a dose of that medicine was powdered, she would call some one, even when she was in another room, and say that she smelt *Ipec.*, and they would soon see her affected by it; I and several others have often seen this come to pass, so that we were at last convinced that the emanations of this medicine did cause her a remarkable degree of spasm in the throat and chest. The fact once proved they took the precaution for some years of purchasing the drug in powder,

bruise the root, then to pick out the central portions with the hand, in order to pound the bark alone; but Guibourt says that this picking becomes very tedious, fatiguing, and insupportable by the irritation which it produces in the respiratory passages (*Pharmacopée raisonnée*, Paris, 1847). Martius says that the dust of *Ipec.*, if conveyed to the eyes, inflames them; inhaled by the nose, causes asthma, epistaxis, hæmoptysis, and angina (Buchner's *Repertorium*, 1827).

and took great care when weighing it for retail consumption to send Mrs. N— out of doors or else to keep her in a distant room. By this means she was exempted for seven or eight years from a return of the malady, and enjoyed perfect health the whole time.

June 3rd, 1775.—Her husband had procured a certain quantity of *Ipec.* in powder, and without thinking, unpacked it to put it into a bottle. His wife, who was not far off at the moment, and was in excellent health, cried out immediately (or at least before the *Ipec.* was all bottled) that she found her throat affected by that drug; whereupon she instantly experienced tightness of the chest and difficulty of breathing. They advised her to try a walk in the open air, but quite in vain. Some time after she went to bed, was very ill all night, and next morning between 3 and 4 I came to see her, and found her breathing with difficulty at the window, as pale as death. Her pulse was hardly perceptible, and she was in the most urgent danger of suffocation. She had been bled and had her feet in hot water, taking a draught containing seven or eight drops of *Laudanum.* She continued in the same state with few intervals of intermission till about 9 a.m., when finding herself nearly exhausted she fell into a kind of disturbed sleep, the difficulty of breathing and hoarseness continuing almost uninterruptedly. She slept a little longer and got up at 11, with respiration still impeded and her eyes red and a little inflamed; after rising she felt better in the afternoon, and wished to go out. Dr. Brown, an able physician at Newcastle, being in the neighbourhood, was called in and said he had seen a very similar case from the same cause. Towards bedtime, a fresh fit of asthma; she was very ill all night and stayed in bed till noon. After rising she felt better during the day, but next night as bad as ever. The same scene for eight days and nights in succession; she was a little better from 11 a.m. till 10 p.m., when the breathing became very short and difficult. These fits disappeared almost entirely about the fourteenth day, but she still continued to feel the effects for a long time.

Slight menstruation had appeared on the fourth or fifth

day after the accident; the sputa were sometimes tinged with blood, as were also the stools and urine.

Mr. Leighton, surgeon and apothecary at Newcastle, told me that the emanations from *Ipec.* had produced the same effects on his wife, and that he was once within an ace of losing her in consequence of pulverising a certain quantity of that drug in his shop.

Authors say nothing on the subject of this singular property. Quincey,* however, speaks of the power which *Ipec.* possesses of producing asthma; but he ascribes that effect to it when taken internally, and not when its volatilized particles are inhaled (Scott, *Philos. Transactions*, 1776). This observation of Scott, quoted by Giacomini, Pereira, and Trousseau, exhibits *Ipec.* to us under three important points of view, as asthmatogenic, hæmorrhagigenic, and typigenic. To these last two properties we shall return hereafter.

Cullen knew the wife of an apothecary who was attacked with asthma whenever *Ipec.* was pulverized in the house, though she retreated to the most distant room. In our own day, Gintrac has cited an analogous fact.

Observation II.—An individual employed in pounding *Ipec.* without the usual precautions, inhaled the dust for three hours, which caused vomiting three times, and a slight oppression. However, he kept at work; but in about an hour he was seized with violent fits of choking, tightness of the larynx and gullet, paleness of the face, and terrible anguish for want of breath. Some remedies seemed

* This Quincey is probably Quincy, an English physician, the author of a *Pharmacopœia* published 1721, and of another work on pharmacy edited 1723. We have seen above that James says the same thing as Quincey. I have not been able to discover the observations which gave occasion to the assertions of Quincey and of James, who perhaps only copied his predecessor. They are as yet the only authorities besides Juncker who have brought out the doctrine that *Ipec.* administered by the stomach can produce asthma, which is confirmed by the pathogenesy of Hahnemann. . . . Quincey, whom I have consulted in his *Pharmacopée universelle* (Clausier's translation, 11th edition, Paris, 1749), does not speak of the power of *Ipec.* to produce asthma; he only quotes Homberg and Bouldue.

to relieve the patient, but in five hours the symptoms returned with the greatest violence, and only yielded to a decoction of *Uva ursi* and *Ratanhia*, which restored free respiration in an hour. However, the sufferings of the respiratory organs continued some days longer, though the patient was able to go out the next day. (Prieger, *Rust's Magazine*, 1830.)

Observation III.—A man, on entering a room where *Ipec.* had been used for medical purposes, was at once seized with violent dyspnœa, spasmodic cough, and continual sneezing; his face became anxious and livid, his eyes bloodshot, with burning, dryness, and a feeling of suffocation in the throat. They took him out of the room, gave him a mixture with *Ether* and *Camphor;* in twenty minutes he was better, and the same evening quite restored, the attack having commenced at 1 p.m. This was the twelfth time the man had been seized with a similar fit from the same cause. (Bullock, *Lond. Med. Gazette*, 1837.)

I know, says Oesterlen, the wife of a druggist who, whenever her husband powdered *Ipec.*, had to quit the house under pain of being seized with spasmodic asthma and suffocation. (*Handbuch der Heilmittellehre*, Tübingen, 1856.)

A druggist in Berlin told Romberg, who reports the fact, that whenever *Ipec.* was pulverized in his courtyard, a bookseller's wife, who lived up in the third story, was immediately seized with a strong fit of asthma. The Berlin doctor had the same fact from one of his colleagues who had witnessed one of this woman's fits of asthma. (Romberg, *Lehrbuch der Nerven-Krankheiten des Menschen*, Berlin, 1857.)

Dr. Lavater saw a druggist's wife and her housemaid suddenly taken with dyspnœa and suffocation. During the following days the mistress had a violent catarrh; and the servant was attacked by pneumonia. The German physician accounts for it by the fact that a bag of powdered *Ipec.* had been shaken on the stairs. Richter, who reports the fact, adds that such accidents are very common, and he was himself acquainted with a druggist who suffers intensely

from asthma whenever he meddles with powdered *Ipec.* (Schmidt's *Jahrbücher*, t. xcvii, p. 280.)

Observation iv.—Having gone on board the transport *Isère* as second surgeon, I had the charge of the drugs on board. The two first times that I manipulated the medicines, and among the rest *Ipec.*, I was seized with a fit of genuine asthma, with oppression, dyspnœa, frequent sneezing, profuse running of clear watery mucus at the nose, cough, &c. The coryza and dyspnœa lasted about two hours. I thought I was really attacked with bronchitis and coryza. Some days after, on opening a packet containing powdered *Brazil root*, I experienced the same symptoms. (Dr. Massina, *Gazette des Hôpitaux*, 1850, No. April.)

We read in Pereira the account of a physician who was regularly attacked with asthma whenever he entered a room where they were preparing *Ipec.* powder. The dyspnœa became intense in a few seconds, with considerable oppression of the præcordial region. The fit generally lasted an hour, and was only alleviated by abundant expectoration, which *always* supervened; the fit once over everything got to rights.

Goffres has spoken of a servantmaid of M. Martin, a Strasburg druggist, who used to be seized with a fit of asthma as soon as this substance was prepared for use.

A surgeon mentioned by Théry was congratulating himself on his cure, twenty years before, when, on entering a druggist's shop at the moment they were pulverizing some roots of *Ipec.*, he was instantly attacked with a fit again.

Salter, an English physician, the author of a recent treatise on asthma, (Lond. 1860), knew three asthmatic subjects who never had the fits but under the influence of *Ipec.*

Observation v.—I remember a druggist's shop boy at Melnick who had violent fits of asthma whenever he pounded *Ipec.* His sensibility to this drug was such, that if they had employed any of it some hours before, he was immediately seized with violent oppression, however short a

time he had to stay in the shop, which inspired him with a great detestation of *Ipec.* (Kafka, *Die homoöp. Therapie,* Sondershausen, 1865.)

The preceding facts demonstrate the activity of *Ipec.* in the form of dust pervading the air; in other words, in ponderable doses. Let us, however, hasten to enter upon another order of facts, where we shall see it acting only in imponderable or infinitesimal quantities.

There is a thesis extant on this subject which is little known, by Vigarous (Montpellier, 1820), *On the Emanations of Substances in General, and of Ipec. in Particular.* The observations cited by the author had been collected with great care and exactness by his father, Professor Vigarous, during his journeys in the departments of France as president of the medical juries; his son published them. "I possess," says he, "a good number of observations on the deleterious and invariable effects of the emanations of *Ipec.* on certain persons obliged by their calling to handle that substance; and although such is not its general effect upon all who may be exposed to it, it is at least a special action on some individuals, from which we may infer a similarity of effect upon many others who are not so exposed.

"The following observations show that it is not only delicate, sensitive, nervous females who experience the troublesome effects of *Ipec.*, but that its emanations have acted, in a majority of cases, on men who were not of effeminate constitution, but quite strong and robust."

Observation VI.—The effect which *Ipec.*, in the form of dry powder, has on the lungs of Mrs. L—, the wife of a very distinguished druggist at Bordeaux, is so extraordinary, that one must have witnessed her sufferings in order to believe them implicitly.

The first time she ever felt the effect of the emanations of this substance she experienced such a violent suffocation that she was obliged to pass three consecutive nights in a balcony, where she could hardly get air enough to support life. It is true they had pounded the *Ipec.* in the

laboratory in the house, and the lady was in the seventh or eighth month of pregnancy.

But, since that time, they could not touch that root in powder, even in the shop, without her feeling, in a few moments, at first a difficulty of breathing which increased afterwards, and became more or less serious according to the quantity which might have spread through the air. The effect of these emanations is such that she has always felt it if she merely went through the place where the powder had been weighed during the day, even in the smallest quantity.

It is to be remembered that Mrs. L— occupies the first floor of the house, and for all that cannot escape the effects of the *Ipec.*, though it is weighed on the ground floor. So Mr. L—, to avoid this serious annoyance, has packets of it prepared out of the house, from the smallest to the largest doses, so as not to expose it to the contact of the air at home.

Moisture in the air considerably diminishes the effect of *Ipec.* on this lady's lungs.

At the approach of menstruation she becomes more susceptible to it, and suffers more.

They have tried to modify the disorders thus introduced into the organs of respiration by means of certain medicines which seemed to be indicated; they had recourse to foot baths, sulphuretted pilules, and sedatives, without any marked alleviation; only the opiates given towards the end of the crisis seemed to hasten their termination.

Observation vii.—Mrs. C—, wife of a druggist at Blaye, is absolutely in the same case when she is exposed to the emanations of *Ipec.*; the same difficulty of breathing, the same suffocation, and all the consequent sufferings. This lady has not been so seriously affected as the preceding one; yet the inconvenience she suffered has often lasted several days.

They tried several remedies at home without the least effect. There is one, however, which has proved efficacious; because, by employing it, they succeeded in diminishing the

duration and intensity of the suffocation; this was by provoking vomiting with a sufficient dose of *Ipec.**

Observation viii.—Mr. M—, a druggist at St. Pourçain, in the department of Allier, could never pass through the shop without feeling a strange sense of suffocation, even long after they had opened the jar containing powdered *Ipec.* Nevertheless, Mr. M— is a strong, vigorous man, not subject to asthma, and his lungs are in good condition; but such is the subtlety of these emanations, that they pass in a few moments into the open air without losing any of their properties.

This case is an incontestible proof of the fact. Mr. M—'s shop is situated on a sort of promenade; next to it is a saloon, next to the saloon a good sized garden, at the end of which is a pavilion, which contains Mr. M—'s summerhouse. Very well, when his pupils open the jar of *Ipec.*, the emanations propagate themselves rapidly over the considerable space which separates Mr. M—'s summerhouse from the shop, and the suffocation seizes upon him and distresses him for several days.

Observation ix.—This is a still more extraordinary case than the previous ones; as it proves that the effluvia of *Ipec.* not only can be transported to a distance by the atmosphere, but also that they fix themselves on certain foreign bodies, without suffering any change of their qualities.

Mr. R—, M.D., of the old University of Montpellier, and practising at Rhodès, was obliged to leave his house when they were pulverizing *Ipec.* This operation took place in the cellar, Mr. R— being in the third story, and in spite of that precaution, was obliged to absent himself till the effluvia were dissipated, unless he had a mind to die of suffocation! He abstained especially from touching that substance, and from staying at home when it was parcelled out.

* This mode of treatment comes under the category of Isopathy, a method which is not without its value, and is based on a certain number of facts. In Germany some physicians tried to elevate it into a system. It is the law of similitudes carried forward to actual equality, "Æqualia æqualibus sanantur."

But the most interesting circumstance respecting Mr. R— is that, when he came to Montpellier to buy from a druggist various substances to replenish his stock, he found himself suffocated, after having verified several bags of different drugs, and one in particular which forced him to quit the shop because he got still worse. He came back a few hours after, insisting upon it that that bag, the opening of which had caused the attack, had contained *Ipec.*

The druggist most positively denied this, when one of his clerks arriving remembered that, some days before, the paper bag had actually contained some Brazil root (*Ipec.*), and had been used again to hold the drug now present.

This last circumstance is remarkable; it positively demonstrates that the Brazil root (*Ipec.*), produces emanations even before it is broken up; that these emanations attach themselves to other bodies and remain unaltered; because, after a considerable time, they have been able to produce their distressing effect; in which they resemble the miasma of the plague, which reproduces at a great distance, and at very long intervals, the terrible disease from which it emanates.

Observation x.—Mr. C—, a druggist at Angoulême, of a mucous temperament and rather stout, could never stay at home while they were powdering *Ipec.* without risk of suffocation. He was obliged to stay away for several days, to wait the precipitation of the emanations. Then he returned not without taking precautions; for often, after five or six days' absence, he would still experience on his return considerable difficulty of breathing, which obliged him to have that medicine prepared in a house far away from his own, and to abstain, even during the course of a pretty long practice, from touching that substance.

Observation xi.—Mr. B—, a druggist at A—, when he was 14 and at a boarding school, perceived that, when he was reading aloud, or translating Latin authors, his voice failed, and he was obliged to take breath for a few moments. At the age of twenty, being in the army, he had a severe

attack of suffocation, which was entirely removed by blood-letting. At thirty-eight he experienced another attack of suffocation. But to give his own words:—I only began to perceive that my choking fits were actual asthma after my return to Mr. Rey, a druggist at Montpellier, whilst pounding *Ipec.* Since that time, as soon as I smell that powder, my throat is attacked, I breathe and spit with difficulty, I can no longer lie on my back, and am obliged to keep sitting with my chest projecting, and to lean on a table. I have had some paroxysms of asthma after catching cold, but these never gave me so much pain as those caused by *Ipec.* When I get wet, take cold, or experience any mental affection, an attack of asthma supervenes; but then coffee taken in doses of twelve or fifteen cups soon dispels it (as for instance at Brescia in the year VIII), or else that beverage relieves me remarkably, as also does an anodyne composed of one ounce of flowers of sulphur in one ounce of honey. On the contrary, when the recurrence of asthma has been brought on by the effluvia of *Ipec.*, I suffer more and much longer, in spite of antispasmodic draughts with oxymel and Kermès. The principal occasions when I experienced the horrible effects of that substance were as follows:

Some years ago, on returning to Paris, I went to call on Mr. Ray. To reach him, as he was in the parlour, I passed rapidly through the shop; I embraced him, asked him how he was, and had hardly received his reply when I felt my throat attacked. I asked if they were pounding *Ipec.* in the house, and on receiving an answer in the affirmative, I jumped up and rushed into the corridor. But I suffered from suffocation for three days!

Another time I wished to break with my teeth an *Ipec.* lozenge, and the small quantity of dust which exhaled from the fracture sufficed to produce a strong fit of suffocation.

On another occasion I had some *Ipec.* pounded in an attic at the top of the house. The young man so employed was careful, by my orders, to clean and brush his clothes well. In spite of all these precautions no sooner had he entered the shop than I was suffocated!

I have myself often pounded *Hellebore, Euphorbia,* and *Cantharides;* have often inhaled suphurous gas and kept coughing and spitting for an hour after; but the action of those emanations was transient, and a few cups of eau sucrée sufficed to banish it; whereas, even in *weighing Ipec.*, unless I took the precaution of keeping my mouth full of saliva, I get a fit of choking which lasts sometimes from five to twenty or thirty days. These fits are to me dreadful, and I would rather break a limb than catch the *Ipec.* asthma; so I dread this above all other substances. Under one of these cruel seizures, I can no longer lie down, can hardly stir out of my easy chair, and if perchance in that erect posture Morpheus should surprise me, I awake and jump up more suffocated than ever!

This last case is most interesting as regards the emanations of *Ipec.*, though the subject was already troubled with severe respiratory ailments. But what a difference we observe between the asthmatic attacks from ordinary causes and those produced by the emanations! The former were brief and very easily assuaged; the latter, on the contrary, obstinate, of longer duration, and with symptoms of greater intensity. The sufferer would rather break a bone, so painful is the influence of these emanations, such disorder does it introduce into the act of respiration. An essential circumstance in the deleterious effect is that the emanations acted strongly, although the substance was enveloped in saccharine matter as in the case where asthma ensued from the simple act of crushing an *Ipec.* lozenge between the teeth.

The facts which I have just set forth undoubtedly suffice to demonstrate evidently the injurious effects of this root on the respiration of different individuals; and if I were to transcribe here twelve other cases in my possession, I should only be repeating the same things without establishing the truth any better. (Eugène Vigarous, *Des emanations des corps en général et de celles de l'Ipecacuanha en particulier.* Thèse de Montpellier, 1820, No. 97.)

Trousseau has related the following facts:—A druggist at Tours, slightly asthmatic, was attacked every time they

moved any *Ipec.* powder in the house. It was not only when it was powdered from the root; it was enough just to weigh it in the shop, to give him, at once, fearful fits of oppression for half an hour. Things were come to such a pass that, whenever they had to use *Ipec.*, he took the precaution of retiring instantly into his own room. No other powder, no other dust produced similar effects. I knew another druggist settled at St. Germain-en-Laye, in whose case the attacks of asthma, which lasted all his life, were produced absolutely under the same circumstances, and also under the influence of *Ipec.* powder. (*Gazette des Hôpitaux*, 1858.)

Dr. Chargé knew a druggist who showed himself quite as susceptible to the power of *Ipec.*, but instead of asthma, he was seized with irrepressible vomiting. Dr. Andrieux reports a similar fact regarding a nun employed in service at a hospital.*

I have often asked druggists and their pupils, and most of them were aware of similar facts. They even cited cases of pupils who could not endure the smell of *Ipec.* without being incommoded in various ways.

One pupil whom we received as a druggist of the second class in 1865, at the Clermont school of medicine, sent me the following note: "I stayed a year and a half with a druggist in the Rue de la Chaussée-d'Antin. Whenever I had to weigh the *Ipec.* powder, or even to uncork the bottle Mr. B— found himself distressed by it, with sneezing and considerable oppression, and coughed till his eyes were bloodshot. One day I had to take off his cravat, because he was choking. These attacks came on even two or three hours after weighing the *Ipec.* When we had to prepare it, we used to go and do so in the laboratory; and although this was separated from the shop by three rooms our employer always perceived it, though without being incommoded by it."

It is probable that, if one could question a congress of chemists and druggists about the accidental sufferings caused by *Ipec.* in their shops, a great many of them would have a

* Chargé, *De l'Homœopathie*, Paris, 1864.

host of similar facts to tells us, which would collectively help to corroborate those already known, and perhaps bring to light more than one particular case that would be both curious and fruitful in its application to therapeutic purposes.*

At any rate, the preceding observations bring out two facts of doctrinal importance:—1st, that *Ipec.* is positively asthmatogenic. 2nd. That it acts in every kind of dose, *omni dosi*, i. e., in massive doses, in the form of volatilized powder, or infinitesimally in the state of a mere odorous emanation. In this last condition the *Ipec.* represents a veritable atmospheric dilution, equal to the highest dilution of the Hahnemannian pharmacy.

It is impossible to deny these results of observation; and this led M. Delioux to say "We can no longer reject certain extraordinary facts published for the first time by M. Eugène Vigarous, relative to attacks of asthma, spasmodic affections of a serious character experienced by certain persons exposed, even at a considerable distance, to the emanations of *Ipec.* But if in these cases we may ascribe a certain part of the effect to the local action, we must attribute much more to the dynamic action." (Memoire sur l'Ipéca, *Gazette Medicale*, 1852.)

Now what is in reality this far greater share to be ascribed to the dynamic action unless it means that share which we ought to attribute to the dynamization of the medicine, to that enormous power which it possesses, when in the form of a mere aroma, to produce formidable disorders, which are certainly by no means proportionate to the gross idea which we form of the powers of mere matter,

* I can add to all these facts one observation of my own, which has some relation to those already cited. In 1865 I attended the widow of a Paris druggist for a serious attack of asthma which lasted for more than seven years. This lady told me she had been obliged to dispose of the business on account of the asthma she had contracted, which she ascribed to the smell of the shop and the various herbs in it. Since then the mere smell of hay infallibly gave her an attack of asthma for at least a week. Here is a case to be added to the "Hay Fever" of English physicians. (See *Nouveau Dictionnaire de médecine et de chirurgie practiques*, art. ASTHMA, de Germain Sée.)

whilst we are always tempted to ascribe to medicines a potency in direct proportion to the quantity of their substance, without taking into account the inverse ratio which prevails in the region of atomic forces.

And let no one oppose to all these facts that absurd and unscientific objection which is often invoked under similar circumstances, viz., that "these are *exceptional* facts." Is that then a sufficient reason for rejecting them?

I have already dealt with that kind of slang with regard to *Arsenic*,* when M. Trousseau and M. Pidoux amused themselves with talking of "persons endowed with extra susceptibility," in order to deny the most evident actions of that poison: such a denial was fundamentally an affirmation of them, within certain limits.

When will it be understood that medicines act, not necessarily, not by fatality, but contingently or conditionally, and that each medicinal unity produces the most unwonted effects, according to the individuality of the recipient? It is, so to speak, a lottery with multiplied combinations; when (as well as the ordinary symptoms) there occur also rare numbers (extraordinary, exceptional, and unwonted symptoms). Every day physicians are administering *Tart. of Antimony* internally and externally, and yet it is unusual under those circumstances to see antimonial eruptions on the pudenda, which eruptions are essentially sympathetic, as I have demonstrated. (*Memoire sur les eruptions antimoniales, Gazette Medicale*, 1861.) Every day people are taking *Copaiva;* and yet we seldom verify copaivic eruptions.

Such are the general data deduced from observation. It is vexatious, no doubt, that all medicinal actions do not proceed mathematically, in a simpler and less complicated fashion. What will you do? Our business is not to get our mind into the facts; but the facts into our minds. Here we have an instance of pure observation and of downright positivism; and as to *Ipec.*, its asthmatogenic power is one to be inserted in the category *de viribus positivis of Ipecacuanha.*

* *Etudes sur la paralysie arsenicale* (*Gazette Medicale*, 1858).

We have already concluded from the preceding facts that *Ipec.* is positively asthmatogenic, which is confirmed by a score of observers for more than 150 years. The greater part of the instances prove, above anything else that there exists for certain individuals an *Ipec. asthma;* this is the plainest physiognomy of that medicine, in its action on the air-passages.

Three observations made by Bullock, Lavater and Massina respectively, permit us, as far as we can compare a medicinal disease with a natural one to unite these two groups of disease, asthmatic bronchitis and whooping-cough.

This perfectly justifies two forms admitted by Schneider in the *Ipec.* diseases. (*Handbuch der reinen Pharmakadynamik,* Magdeburg, 1853.)

1. Spasmodic asthma.

2. Bronchial catarrh with tracheal râle and convulsive suffocating cough.

Let us still remark, as a third lesson,* that the law of contingency or individuality is clearly established by those "certain extraordinary facts," to use the words of M. Delioux.

Now in studying the therapeutic action of *Ipec.* in those natural maladies of which it has given us the image in artificial or medicinal diseases, we mean to deduce the law of similitude, so that *Ipec.*, if studied in the single department of the air-passages, demonstrates the four great Hahnemannian truths:—

1. The law of similitude. 2. Pure experimentation on the healthy. 3. Individuality. 4. Infinitesimal doses.

Need I add that this is the case with all medicines.

* If the case of pneumonia cited by Dr. Lavater was really a pathogenetic effect of *Ipec.*, we have there an important datum for the employment of that remedy in fluxion of the chest. It has never been employed in such cases in Homœopathy; whilst in some Allopathic works there have been frequent notices of pneumonia treated with *Ipec.*

ON THE ALLOPATHIC AND HOMŒOPATHIC USE OF SPECIFICS.

By Dr. Drysdale.

(*Continued from page* 91.)

Dr. Hoppe* first sets forth in detail and with illustrative examples, the fact we have already dwelt upon above, viz., that the abnormal predisposing causes are already *disease* in a low degree and with so few perceptible symptoms that they can hardly be recognised, and are therefore called dormant. Then he traces this process through all the tissues and their anatomical elements, showing that the vessels, the nerves, and even the cells can persist for long—even for years—in a low morbid state before this is roused up into a perceptible state of disease by accidental influences. The field of these dormant anomalies is therefore a very extensive one—probably even more extensive than that of the so-called diseases themselves. The influence of these states on the proving of medicines he paints as follows:

"Hence it follows that human beings in their course through life harbour in themselves numerous local dormant states. This person or that had for long a vascular irritation of the sheaths of the muscles before *Chamomilla*, taken for the purpose of experiment, roused it to a higher pitch and appeared to produce it; this one had for long already had a vascular irritation of the synovial membrane of the hip or knee-joint before the *Bryonia* apparently brought it forth; this other had had for long a trace of trembling before the *Copper* made it visible; still another had had for long a vascular irritation of the skin before *Rhus* brought on the symptoms of that state; again this person had for long had an irritation of the mucous membrane of the larynx

* The title of Dr. Hoppe's paper is "Dormant Diseases and the spontaneous changes in the state of health in relation to the Proving of Medicines. A summons to all physicians who prove medicines, and in particular to Homœopathic Physicians so engaged. By the Non-Homœopath, Professor Dr. Hoppe in Basel."—*Allg. Hom. Zeitung*, B. 60, No. 18 and 19.

before *Hepar* produced those phenomena; that other had already for long suffered from gloomy thoughts before the taking of *Aurum* made those gloomy thoughts more prominent, or apparently produced them, &c."

In the remainder of the paper he developes this theme and sets forth the doubt which it casts on a large number of the symptoms in the Materia Medica, and proposes as the remedy a much longer and stricter self-examination before commencing a proving.

As I quite agree with him in the necessity for this I will give his directions at length.

"Whoever proves medicines, should not confine his attention to the usual generalities on age, constitution, the state of the pulse and the urine, the habits of life, &c.; but he should also first observe himself for a sufficient time, and he should institute this self-examination with care under all possible circumstances, and faithfully report all his subjective and objective symptoms; he should depict his life, closely searched out. It is only when he has done this completely that he may begin to experiment on himself with medicines. But it is necessary that this self-examination should be continued at least *one year*, were it only on account of the seasons, in order to study thoroughly all his dormant diseases and spontaneous changes of health. I have done this for two whole years, and it was certainly often most irksome, and I was many a time tempted by impatience to give up the proving of medicines—an impatience which was frequently removed only by continually discovering *some new* symptom in myself. Nevertheless I have gathered results that are important. For, in fact, such a self-examination, pen in hand, of body and mind which naturally must be studied thoroughly and the study completely worked out, gives a degree of self-knowledge at which we are—to say the least—very much astonished. One stands the more confounded before his own image, the more conscientiously the problem has been solved, and properly speaking it is the duty of every educated person, or at least every teacher, and clergyman, and tutor should undertake this self-study. It is true that every medical man who proves medicines has a certain degree of knowledge of his spontaneous changes of health, and he has a certain sum of disorders and morbid symptoms in his memory as having

been already suffered. But this is not saying much, for that is only a vague undefined sort of knowledge. In this respect the memory is not much to be trusted. It is a very different thing for a prover on the one hand to remember that he formerly had a sore throat, or catarrh, or diarrhœa; and on the other to have accurately written down at the time all the details. In experimenting with medicines everything depends, in many instances, on very fine modifications of subjective phenomena; and he who only knows his former disorder merely superficially, is not at all in a position to judge whether a presumed medicinal symptom had really been felt before or not—to such a person everything is apt to appear new. Besides many symptoms common in what is called health are so faintly expressed that they cannot be detected without very close attention; and how can one study them closely unless he has made the spontaneous changes of health an object of designed and intentional study?" He then proceeds to notice the improved powers of self-observation given by practice, and to the remark that the above tends to lower the value of Hahnemann's provings, he says that though it does so to a certain extent still the merit of a man of genius who first invented an art must be estimated differently from that of others who follow long after. He then continues, "Let no one be frightened if I make the study of medicines more arduous by my demands; for what great thing is easy, and becomes not more difficult with each day of its progress? Therefore I venture still further to raise those demands. It is truly not enough that a few medical men should prove and form proving societies, but even I may say, every medical man should prove and that not once but throughout his life, and not only must he prove, but should continue his self-examination in the intervals of pause between his provings. Also in addition some medical men should set themselves to the task of self-examination at the same time without taking any medicine, in order to give a clear field for comparison between the medicinal symptoms and those spontaneous changes which are liable to affect the community at the time; for the study of the spontaneous changes is nothing else than a practical study of physiology and psychology, of pathology and spontaneous cures in our bodies. And is it not as reasonable to presume the existence of societies for observing the spontaneous changes of health of human beings, as of meteoro-

logical societies for observing the weather? Strange it is that men should be found to observe and record minutely all that pertains to the air and the earth while they yet lay no weight on what passes in their own health; they seem to be frightened at such a study." He then says, of course, that all the above cannot be carried out literally as respects the medical profession, though among those to whom leisure and circumstances allow it, the above rules must be respected, and no proving should be accepted as complete without that thorough self-knowledge beforehand. "The whole art is *very difficult*, but assuredly the labour will be richly repaid. Without the proving of medicines on the healthy, there is no salvation in therapeutics."

If some of the above requirements are impracticable as regards the work expected from any single individual, I cannot consider them overstrained as *desiderata* for scientific accuracy. Judged by them our present Materia Medica is imperfect indeed, but I trust that, when the conscience of the medical profession is aroused to the performance of a duty, hitherto neglected for now two generations, proving societies will be formed on a large scale; and that that useful suggestion will be followed out of setting apart a number of individuals to observe themselves without taking medicines. Besides the point of comparison with the provings this may throw much light on epidemic diseases. Also I do not see why this duty should be confined to medical men. It is equally incumbent on laymen to contribute their share of the work, and if numbers of highly educated persons will submit to the restraints of training for a useless boat race or such like, I hope a few may be found to do the same for the good of humanity. The principle of the above requirements is of course already known and acted on more or less in the provings we have. It is only in degree they are wanting, for according to Hering the original provers devoted a week for self-examination, while Piper, of Dresden, extended the time and insisted on a month being necessary. Some considerations to be given farther on make me put a higher value on the minute subjective symptoms even than before, so we have all the more need of complete accuracy.

However, as bearing on the general question we may take the practical meaning of Dr. Hoppe's paper to be as follows:

All provers are already aware that by close examination we can detect in persons apparently quite well a considerable number of spontaneous changes of health, cognizable by slight symptoms. If these are not detected, but admitted among those caused by the medicine under experiment, they are simply false symptoms, and the proving is vitiated to that extent. Now in addition to this, Dr. Hoppe inculcates the existence of numerous dormant diseased states on which the medicine acts as a merely accidental stimulus, and rouses them up to produce certain symptoms of which the medicine cannot be held as the *specific* exciting cause. Hence the proving is again vitiated to this extent.

With respect to the first I presume there can be no difference of opinion, and as to the time of previous self-examination the fact of the occurrence of fresh symptoms spontaneously must be taken as the guide: also we must admit the propriety of not trusting to memory. On these two points our present provings are defective. As to the second cause of vitiation I do not think that Dr. Hoppe has fully appreciated the different bearings of the normal and abnormal predisposing causes. We have first the *Pars minoris resistentiæ* among the abnormal predisposing causes. This will account for a great many of the effects attributed by Hoppe to dormant disease; and to obviate this source of fallacy the long self-examination is quite effectual if we take care to note those symptoms that are produced in one person by a number of very dissimilar agencies. Then we must allow sufficient latitude to the *normal variations of susceptibility*. In this respect I think Dr. Hoppe fails, for he asks with respect to quite new symptoms, how do we know that there was not some trace of dormant disease just beginning, and which would have ripened into obvious disease if we had waited? To this (which is simply a reiteration of the theory of dormant disease being possibly the sole cause of contingency) he gives no distinct answer, but proceeds to the above cautions respecting the length and minuteness of the self-examination, allowing it to be inferred that in some

way or other these will enable us to discriminate between the true and false symptoms. This is not satisfactory and I think by giving due weight to the normal variations of susceptibility formerly described, we account for a large number of the contingent symptoms attributed by him to dormant disease. We thus make two large deductions from that source of fallacy. But there certainly still remains a considerable influence to be given to dormant disease as a disturbing cause. This it is necessary to inquire into, and in so doing we shall be led into the discussion of several extremely interesting questions.

Let us suppose all the other causes of contingency eliminated except dormant disease. What will then be the effect in proving a medicine? Why, if the homœopathic law be true the effect will be to cure all those states of disease whether dormant or active to which it is strictly homœopathic! To this Dr. Hoppe does not advert at all when he speaks of rousing up dormant disease by medicines acting in the same sense. At most there would be the faint rousing up which we call the medicinal aggravation. If the dormancy of the disease was complete and no symptoms were perceptible, of course we could not judge of the effect except by learning afterwards that a tendency was extinguished. If it was not complete and there was a low degree of vascular action giving rise to some faint symptoms recognised during the preliminary self-examination, then it would remove these. And this is what is frequently—nay even constantly—observed in the existing provings, for every now and then we perceive in them a statement that a small group of symptoms had disappeared during the proving. The true physiological symptoms are thus negatived and extinguished in the therapeutic action. What then are those symptoms which arise? They must be the physiological symptoms either pure and unaffected, or else those modified by the abnormal predisposition produced by the existence of the dormant disease, and therefore vitiated to that extent as pure physiological symptoms, though they may have a qualified and very important sphere of utility. We know, for example, that persons affected with dormant

gout or syphilis will suffer various distinct disorders from the action of common exciting causes, such as blows, cold, &c., which have no such effect on healthy persons. In like manner we cannot doubt that the same modification of action extends to the preternatural stimuli which medicines are; therefore provings of medicines in persons with dormant disease of a distinct and recognisable character may be of great use in similar subjects, but in no other. They cannot be received as pure physiological effects. This then is the practical extent of the use of those symptoms, for if there is a vague, mixed state of dormant disease no useful result can be got by proving on such a subject. But there is a further limitation to be put on the the vitiation of the provings by Dr. Hoppe's theory of dormant disease. For the presence of the latter or even active disease in a circumscribed form and low degree does not necessarily modify and vitiate *all* the contingent physiological effects of medicines as is admitted by Hahnemann, who was so strenuous in asserting the necessity of proving on the healthy body, though he says such symptoms can only be received from the hand of a master in the art of proving; we have reason to regret, however, that he admitted them too easily into his later provings. We thus have brought down to a small compass the influence of dormant disease and to that extent can readily grant to Dr. Hoppe its disturbing and vitiating influence as a cause of contingency—for we must not forget that all this applies, almost if not quite, exclusively to the contingent class of medicinal actions; and therefore can scarcely be appreciated or seen to be a question at all except by the homœopathic school. Dr. Hering, who has written a long and genial article in answer to Hoppe,* reminds us that the psora theory contains a masterly picture of dormant disease, and that Hahnemann was aware of its influence in his later provings; though he does not tell us how Hahnemann avoided its disturbing influences. It is impossible to enter on a discussion of Hering's talented essay, as it touches on nearly all the important points in homœopathy. Dr. Hoppe in 1861 promised a rejoinder,

* *Hom. Vierteljahrschrift*, B. xii, p. 239.

host of similar facts to tells us, which would collectively help to corroborate those already known, and perhaps bring to light more than one particular case that would be both curious and fruitful in its application to therapeutic purposes.*

At any rate, the preceding observations bring out two facts of doctrinal importance:—1st, that *Ipec.* is positively asthmatogenic. 2nd. That it acts in every kind of dose, *omni dosi*, i. e., in massive doses, in the form of volatilized powder, or infinitesimally in the state of a mere odorous emanation. In this last condition the *Ipec.* represents a veritable atmospheric dilution, equal to the highest dilution of the Hahnemannian pharmacy.

It is impossible to deny these results of observation; and this led M. Delioux to say "We can no longer reject certain extraordinary facts published for the first time by M. Eugène Vigarous, relative to attacks of asthma, spasmodic affections of a serious character experienced by certain persons exposed, even at a considerable distance, to the emanations of *Ipec.* But if in these cases we may ascribe a certain part of the effect to the local action, we must attribute much more to the dynamic action." (Memoire sur l'Ipéca, *Gazette Medicale*, 1852.)

Now what is in reality this far greater share to be ascribed to the dynamic action unless it means that share which we ought to attribute to the dynamization of the medicine, to that enormous power which it possesses, when in the form of a mere aroma, to produce formidable disorders, which are certainly by no means proportionate to the gross idea which we form of the powers of mere matter,

* I can add to all these facts one observation of my own, which has some relation to those already cited. In 1865 I attended the widow of a Paris druggist for a serious attack of asthma which lasted for more than seven years. This lady told me she had been obliged to dispose of the business on account of the asthma she had contracted, which she ascribed to the smell of the shop and the various herbs in it. Since then the mere smell of hay infallibly gave her an attack of asthma for at least a week. Here is a case to be added to the "Hay Fever" of English physicians. (See *Nouveau Dictionnaire de médecine et de chirurgie practiques*, art. ASTHMA, de Germain Sée.)

whilst we are always tempted to ascribe to medicines a potency in direct proportion to the quantity of their substance, without taking into account the inverse ratio which prevails in the region of atomic forces.

And let no one oppose to all these facts that absurd and unscientific objection which is often invoked under similar circumstances, viz., that "these are *exceptional* facts." Is that then a sufficient reason for rejecting them?

I have already dealt with that kind of slang with regard to *Arsenic*,* when M. Trousseau and M. Pidoux amused themselves with talking of "persons endowed with extra susceptibility," in order to deny the most evident actions of that poison: such a denial was fundamentally an affirmation of them, within certain limits.

When will it be understood that medicines act, not necessarily, not by fatality, but contingently or conditionally, and that each medicinal unity produces the most unwonted effects, according to the individuality of the recipient? It is, so to speak, a lottery with multiplied combinations; when (as well as the ordinary symptoms) there occur also rare numbers (extraordinary, exceptional, and unwonted symptoms). Every day physicians are administering *Tart. of Antimony* internally and externally, and yet it is unusual under those circumstances to see antimonial eruptions on the pudenda, which eruptions are essentially sympathetic, as I have demonstrated. (*Memoire sur les eruptions antimoniales, Gazette Medicale*, 1861.) Every day people are taking *Copaiva;* and yet we seldom verify copaivic eruptions.

Such are the general data deduced from observation. It is vexatious, no doubt, that all medicinal actions do not proceed mathematically, in a simpler and less complicated fashion. What will you do? Our business is not to get our mind into the facts; but the facts into our minds. Here we have an instance of pure observation and of downright positivism; and as to *Ipec.*, its asthmatogenic power is one to be inserted in the category *de viribus positivis of Ipecacuanha.*

* *Etudes sur la paralysie arsenicale* (*Gazette Medicale*, 1858).

a part of the active disease and passes spontaneously into the visible stage after a certain—often very definite—time whereas the dormant disease has no period, and does not pass into active disease without the intervention of other subsidiary exciting causes. The latent stage may vary in duration from a few hours or even minutes to weeks; as for example, three weeks for variola, two to seven weeks for syphilis, or even months, as in hydrophobia.

I may begin with the following quotation, showing the frequency of dormant gout, which I shall afterwards show to be synonymous with gouty diathesis, in the proper use of the term:

"We are apt not to consider a man as gouty unless he has suffered under a regular fit of the disease. I believe the gouty diathesis is often very perfectly developed in individuals who never see its local manifestations, and I am convinced that the strumous is not more frequent than the gouty habit." (Gairdner,* p. 4.)

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"The most miserable hypochondriacism. To such an extent had his wretchedness gone, that he was watched with great care by his friends, who had endeavoured, not without reason, to obtain his seclusion in a madhouse."

[All these symptoms went off when gout was developed.] (Gairdner, p. 52.)

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Alcoholic stimulants cause depression of the spirits instead of exhilaration.

[This observation I made in a case of dormant gout.]

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"On falling asleep he has the sensation of a gust of wind diffusing itself through the brain, producing much confusion and giddiness." (Scudamore, p. 376.)

5. "He was frequently seized with almost a loss of sight when walking in the street. Sometimes objects appeared double, and much dimness of sight occurred on the slightest occasion. He had also flutterings of the heart, and dyspeptic symptoms." (Scudamore, p. 90.)

"Daily paroxysms of intense heat of the nose, which continues for three or four hours, the part becoming first of a bright, and then of a purplish-red colour, spreading over the upper portion of the cheek." (Graves.)

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"A singular affection of the teeth, which consists in an insuperable desire to grind them." (Graves.)

10. "The same thing is very frequently witnessed in the teeth, where severe toothache, without the smallest decay of these organs owes its rise to gout. I have more than once seen perfectly sound teeth extracted in such cases without the least relief." (Gairdner, p. 10.)

"I have seen the tonsils so sharply seized with gout, as, in the absence of any considerable degree of inflammation, to induce me almost to accuse my patient of exaggeration, till an unequivocal symptom of gout explained the mystery." (Gairdner, p. 10; also Scudamore and Halford.)

"The sense of taste is morbidly changed." (Scudamore and Halford.)

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"Spasm of the diaphragm on stooping." (Scudamore, p. 90.)

15. "Sensation of a strong cord across the epigastric region, just below the diaphragm, causing a very great stricture of his breath in stooping." (Scudamore, p. 91.)

"Palpitation for six months, without relief from medicine; but a fit of the gout coming on, it suddenly and entirely left him." (Baillie.)

* *On Gout and Gravel.* Fourth edition.

"Inordinate action of the heart to great throbbing and palpitation, which seriously interfere with comfort and well-being. This inordinate pulsation often makes itself very inconveniently felt in the head, making stooping, hurried walking and running, distressing or impossible. A difficulty of respiration and feeling of stifling sometimes accompany the marks of disturbed circulation." (Gairdner, p. 9.)

"Painless irregular action of the heart and pulse, with a peculiar sensation in the left breast, by which he could tell every beat, or rather, want of beat in the pulse."

[This continued four years in spite of all medicine, till he had his first fit of gout, and then it went off entirely.] Scudamore, p. 442.)

"The earliest sign of an approaching fit of gout to which my attention has been drawn, has been a dull pain in the left side of the chest, accompanied by an inability to lie on that side, and sometimes by fluttering, irregularity, or intermission, in the action of the heart. These symptoms often continue for a great length of time without any perceptible increase." (Gairdner, p. 8.)

20. "Were I to name the symptom which in my mind first declares the advent of the gout, it would be this little embarrassment of the centre of the sanguiniferous system (viz., fluttering or pause in the heart's action." (Gairdner, p. 123.)

"Coldness of the feet and legs." (Scudamore.)

"Sudden fugitive pains or twitches." (Graves.)

"Persons who are threatened with a fit of gout, do very often experience great tenderness of the feet in walking, weakness and pain of the ankles and wrists, pain of the ischia in sitting, and frequently have swellings of the articulations of the fingers and toes." (Gairdner, p. 11.)

"Irregular pains in wrists, and fingers, and ankle, as if he had sprained these parts." (Scudamore, p. 469.)

25. "The sweat and sebaceous exudation, which bedew the armpits, and interstices of the toes, disappear, and, with the unnatural dryness, the patient is disturbed by heat and itching of those parts." (Gairdner, p. 9.)

"Eruptions chiefly of the scaly kinds appear on the skin. Pityriasis, psoriasis, and lepra are very common. *Acne* and eczema are often met with. But no cutaneous affection is more common than nettle-rash. I have known it plague its victim

many months, and even years before the gout reached its paroxysm." (Gairdner, p. 9.)

"Attacks of erysipelas, to which the patient was liable, cease on the supervention of gout." (Scudamore, p. 493.)

"Erythema and urticaria." (Ibid.)

"Disposition to cramps, from slight causes, in the limbs." (Scudamore, p. 39.)

30. "Cramps only in cold and damp weather." (Scudamore, p. 532.)

"Sensitive to the influence of wet feet." (Scudamore.)

"Extreme sensitiveness to damp and cold weather; also to east wind." (Scudamore, p. 282.)

"The gouty diathesis, indeed, almost invariably distresses, in a very remarkable manner, the nervous system." (Gairdner, p. 10.)

"Hemicrania, neuralgia, pains affecting the eyeballs, the ears, the fauces, the teeth, and the lumbar regions, are all premonitory of gout." (Gairdner, p. 10.)

35. "Nervous symptoms of a distressing nature precede the occurrence of gout for many months, or even a longer period." (Scudamore.)

"A great variety of symptoms classed by practitioners and authors under the head of anomalous symptoms of gout, infest those persons in whom the malady is struggling for a vent." (Gairdner, p. 10.)

In studying the above list, an observation presented itself spontaneously, viz., that all or nearly all the above symptoms appear to arise from alterations of susceptibility to the natural stimuli, including sympathy and the natural periodicities of the bodily functions, or from abnormal susceptibility, combining with that to other diseases, and producing an abnormal predisposing cause of them. This will be found to have an important bearing on the hypothesis of the nature of dormant disease to be brought forward presently. The resemblance of the above list to Hahnemann's list of symptoms of dormant psora,* will strike the reader at once, and he may fear a plunge into the complete discussion of that formidable subject, but I will confine myself entirely to its aspect of a theory of dormant disease. Etiologically,

* *Die Chronischen Krankheiten.* Second edition, vol. i, p. 58.

much in fault as those whom he condemns, for the proofs given of the psora theory have failed to convince even his own followers. Practically, this is of no moment; for if the psoric origin applies to seven-eighths of chronic diseases, and as large a proportion of the medicines, and the last appeal in the choice is still to the homœopathic law, what does it matter in each individual case whether its remote origin was in psora or not? It is quite a different thing in the allopathic school whether a disease is syphilitic or not, for that at once raises the momentous question of mercurial treatment. It is, therefore, solely as a theory of dormant disease that the psora doctrine has a practical bearing apart from hygiene and police. In this sense it brings Hahnemann abreast of the most advanced theories of those constitutional and specific diseases which are capable of existing in the dormant state and which require a double series of exciting causes. Hahnemann held that the mere chronicity and want of disposition to spontaneous cure of chronic diseases were proofs of their dependance on a miasm or virus, but it has been pointed out by several commentators of the homœopathic school that many diseases depending on specific miasms are not chronic and do get well spontaneously; likewise many diseases may become chronic which have no specific character and depend on no miasm or virus, and were cured by the ordinary remedies before the psora was thought of. It is impossible, therefore, here to bring in a general theory of chronic diseases as distinguished from acute, nor specific from non-specific, so I will confine myself to those which are capable of existing in the dormant state, for example, gout, scurvy, scrofula and tuberculosis, syphilis, cancer, malarious disease, &c. The peculiarity in these being, that in certain stages, they are under the influence of two kinds of exciting causes, the one the true and indispensable cause, without which the disease cannot exist at all, and the other those which merely rouse the disease into its active form when previously existing in its dormant state. The non-recognition of these two series of causes is the source of great confusion, which is increased and perpetuated by the want of precision in

the use of the terms, predisposing cause, diathesis, and constitution.

In those diseases in which the dormant stage occurs before the active one, the slow action of the true exciting cause produces a certain state (described by old authors as *causa prædisponens*) in which a number of common subsidiary exciting causes (*causæ occasionales*) produce the active disease of the specific kind corresponding to the true exciting cause. Thus the true cause of scrofula produces the abnormal predisposing cause of scrofulous inflammation to the occasional causes of the latter. But as Henle says:

"In general the effect is put into the place of the predisposing cause, *e. g.*, scrofulosis is spoken of as the cause [of scrofulous inflammation] instead of the external agents which were its own cause. In fact, however, the scrofulous inflammation is not the effect of scrofula and the exciting cause [of the inflammation]; but the effect of the exciting causes of scrofula and finally upon that of the exciting cause of the inflammation."*

It has been already stated that an abnormal predisposing cause is, in fact, disease, and if we simply call to mind the nature of a specific predisposing cause we see that the question must be at once granted. If a simple cold or blow produces scrofulous inflammation, it is plain a change which was the work of a specific cause must have been in operation before, and any change which comes after the operation of the specific cause (co-operating with the normal predisposing causes) must, of necessity, be disease—not merely predisposition. It is no matter how long before this may have occurred—even in the generation before—the principle is not altered, and it is still disease, and not being accompanied by any active symptoms is properly termed dormant. Hahnemann's psora theory recognises this double series, and the necessity of the true exciting cause having first been in action; the result being dormant disease, not mere predisposition, is open to medical treatment, and exerts a powerful influence in modifying

* Henle, *Rat. Path.*, I, p. 151.

a part of the active disease and passes spontaneously into the visible stage after a certain—often very definite—time whereas the dormant disease has no period, and does not pass into active disease without the intervention of other subsidiary exciting causes. The latent stage may vary in duration from a few hours or even minutes to weeks; as for example, three weeks for variola, two to seven weeks for syphilis, or even months, as in hydrophobia.

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* *On Gout and Gravel.* Fourth edition.

logical societies for observing the weather? Strange it is that men should be found to observe and record minutely all that pertains to the air and the earth while they yet lay no weight on what passes in their own health; they seem to be frightened at such a study." He then says, of course, that all the above cannot be carried out literally as respects the medical profession, though among those to whom leisure and circumstances allow it, the above rules must be respected, and no proving should be accepted as complete without that thorough self-knowledge beforehand. "The whole art is *very difficult*, but assuredly the labour will be richly repaid. Without the proving of medicines on the healthy, there is no salvation in therapeutics."

If some of the above requirements are impracticable as regards the work expected from any single individual, I cannot consider them overstrained as *desiderata* for scientific accuracy. Judged by them our present Materia Medica is imperfect indeed, but I trust that, when the conscience of the medical profession is aroused to the performance of a duty, hitherto neglected for now two generations, proving societies will be formed on a large scale; and that that useful suggestion will be followed out of setting apart a number of individuals to observe themselves without taking medicines. Besides the point of comparison with the provings this may throw much light on epidemic diseases. Also I do not see why this duty should be confined to medical men. It is equally incumbent on laymen to contribute their share of the work, and if numbers of highly educated persons will submit to the restraints of training for a useless boat race or such like, I hope a few may be found to do the same for the good of humanity. The principle of the above requirements is of course already known and acted on more or less in the provings we have. It is only in degree they are wanting, for according to Hering the original provers devoted a week for self-examination, while Piper, of Dresden, extended the time and insisted on a month being necessary. Some considerations to be given farther on make me put a higher value on the minute subjective symptoms even than before, so we have all the more need of complete accuracy.

However, as bearing on the general question we may take the practical meaning of Dr. Hoppe's paper to be as follows:

All provers are already aware that by close examination we can detect in persons apparently quite well a considerable number of spontaneous changes of health, cognizable by slight symptoms. If these are not detected, but admitted among those caused by the medicine under experiment, they are simply false symptoms, and the proving is vitiated to that extent. Now in addition to this, Dr. Hoppe inculcates the existence of numerous dormant diseased states on which the medicine acts as a merely accidental stimulus, and rouses them up to produce certain symptoms of which the medicine cannot be held as the *specific* exciting cause. Hence the proving is again vitiated to this extent.

With respect to the first I presume there can be no difference of opinion, and as to the time of previous self-examination the fact of the occurrence of fresh symptoms spontaneously must be taken as the guide: also we must admit the propriety of not trusting to memory. On these two points our present provings are defective. As to the second cause of vitiation I do not think that Dr. Hoppe has fully appreciated the different bearings of the normal and abnormal predisposing causes. We have first the *Pars minoris resistentiæ* among the abnormal predisposing causes. This will account for a great many of the effects attributed by Hoppe to dormant disease; and to obviate this source of fallacy the long self-examination is quite effectual if we take care to note those symptoms that are produced in one person by a number of very dissimilar agencies. Then we must allow sufficient latitude to the *normal variations of susceptibility*. In this respect I think Dr. Hoppe fails, for he asks with respect to quite new symptoms, how do we know that there was not some trace of dormant disease just beginning, and which would have ripened into obvious disease if we had waited? To this (which is simply a reiteration of the theory of dormant disease being possibly the sole cause of contingency) he gives no distinct answer, but proceeds to the above cautions respecting the length and minuteness of the self-examination, allowing it to be inferred that in some

by whom cold was actually a subsidiary cause; and the susceptibility to take cold is always given as the characteristic physiological action of *Dulcamara*. I presume, therefore, that these cases belong to the double series, and here a degree of influence from cold and damp which would have fallen within healthy physiological oscillation, becomes disease when meeting with the medicinal predisposing influence. The latter also would have disappeared spontaneously had it not been for the cold.

These drugs produce in fact a temporary degree of dormant disease, which requires the subsidiary exciting cause to bring it to the active stage. In like manner, *Chamomilla* is said to be homœopathic to jaundice from a fit of a passion; *Pulsatilla* to indigestion from fat and pork; *Ignatia* to various disorders produced by grief and so on. This class of actions is in fact very considerable. In these cases the explanation is the same, and the specificity of the medicine to the full disease comes as it were from the side of the susceptibility, and not from the exciting cause. But the ultimate effect is the same, only that in fact the resemblance is really closer to natural disease; for there the specificity of character is more frequently given by the predisposing cause, and the medicines in this case play the part of abnormal predisposing causes. This shows also one reason why the conditions are of such importance in the fixing of specific character; but a distinction must be made, for some conditions merely aggravate or show forth existing active disease, while others play the part of the subsidiary or occasional causes necessary to develope dormant into active disease. For example, a low degree of inflammatory irritation of the stomach, or a muscle, or the skin, will not show symptoms till the function or action of the part is called forth, as by digestion, motion or touch in the above respectively. But in a dormant medicinal disease or altered susceptibility merely, the usual stimuli and functional action produce no disorder; it requires some new morbid influence to set up active disorder, such as cold, &c., though truly the latter would not have had that effect on the body not under the influence of the medicine.

A new difficulty is thus added to the already heavy load

pressing on the art of proving medicine. We have not only the difficulty of distinguishing contingent symptoms from the action of the common accidental causes of disease, to which we are all liable continually, but those very accidental causes must form part of the contingent action, and the problem is to distinguish between this contingent action and the simply accidental one. And whether we like the task or not, the thing must be done, if we are to follow out the parallel between medicines and the exciting causes of disease to its legitimate end. The marsh-poison disease is one that may begin in the dormant stage, as well as in the active one, and in cases of the former a patient may be exposed to its slow action gradually producing the (primary) cachexia. But before the outbreak of the active disease, he may leave the locality, thus stopping the continued infection, and he may now regain health without going through the active disease. But let him have a chill such as would in others bring on merely a slight inflammatory or catarrhal fever, and he gets the ague in complete form. In this case no one will imagine that a chill gives him the ague—a chill never gives the ague in non-paludal districts—it merely was the subsidiary cause which roused the dormant disease already there; or, more correctly, the chill produced the fever, which then received the intermittent character from combining with the marsh-poison cachexia already there, though dormant.

In like manner may be explained the action of the *Dulcamara, Pulsatilla,* &c., spoken of above. In the instance of the indigestion from pork the necessity of the subsidiary exciting cause is self-evident. How can you get indigestion from pork unless you eat pork? If this symptom was an independent one in the original proving, be it remembered that implies that the prover was otherwise quite well, and his digestion quite perfect for everything but pork, and if none had been eaten he would have had no indigestion; so the effect of the *Pulsatilla* was entirely dormant, and would have remained so, and also unknown, but for the touchstone of the meal of pork. These considerations will also help us to account for the disproportion between the effect and the apparently insignificant cause of this division of contingent

actions. It will also explain why the real homœopathic specifics are found among the medicines which do not produce the most glaring resemblances to the chief symptoms of the active disease. As for example, the remedies for diarrhœa are chiefly *Cham., Dulc., Arsen., Puls., &c.,* which are certainly not active purgatives.

We have now arrived at a very important stage of the argument, for if this train of reasoning is correct, we shall see a meaning in those strange looking lists of symptoms in which many of the provings—especially the so-called antipsorics—consist. A large division of the contingent class of effects of medicine must belong to the double series kind, and therefore correspond to the true exciting causes of diseases having a dormant stage. Now the dormant disease is the essence of the disease, and is that which gives the active disease its distinctive and specific character. The inference is, therefore unavoidable, that it is through this division of medicinal action, viz., the dormant disease-producing division of the contingent class, that the cure of many profound constitutional diseases is effected. Only look at the list of dormant gout signs and compare them with the proving of the antipsoric remedies, and the general resemblance is perceived at a glance. Now, those gout signs are collected from the observation of many authentic cases, and there is no doubt that one or two of those apparently shadowy and trivial symptoms in one individual indicated the presence of a profound and formidable disease, as the event showed. Why then should we hesitate to grant a like indicatory meaning to those equally slight signs in the provings of *Sulphur, Silica, Magnesia, Natrum mur.,* and the like, when the therapeutic action of those medicines shows to us—and that of mineral waters to the whole medical world—an equally powerful healing force?

We must therefore no longer quarrel with the apparently unconnected and unmeaning symptoms of this division; they correspond exactly to the unconnected and apparently unmeaning signs of dormant disease, and in neither can the meaning be discovered without long and patient pathological and clinical study. These are mostly the indepen-

dent symptoms, or those which occur alone in the provers. It is quite different with the symptoms which occur in groups or in any way connected—such should never be disjoined in the lists, but always be left in their proper place, viz., in groups, and it is to them active diseases or affections traceable to distinct localities, correspond.

With respect to the number of diseases which come into the dormant class nothing definite is known. Those mentioned above are the best known, and therefore brought forward for illustration, but there may be, and no doubt there are, many more. Probably we should add rheumatism, the disposition to suppuration from slight injuries, idiopathic erysipelas, and purpura. Very likely also the predisposition to many local and general diseases is an abnormal one and dormant disease, though not recognised, and to which no constitutional name is given. I cannot go so far as Hoppe, that they are as numerous as the active diseases. That cannot be, because we know that the acute specific diseases must be excepted, also those directly depending on common causes acting on the normal predisposing causes, and many chronic active diseases left by these last. We must also probably except all the secondary cachectic states, *e. g.*, anæmia, chlorosis, hydræmia, leucocythæmia, &c., as depending on disease of the great organs connected with the blood formation; also all the metastatic dyscrasias. There are some whose position is doubtful, such as Bright's disease, Addison's disease, diabetes, oxaluria, &c., whose true exciting causes are wholly unknown, as indeed is the case with so many diseases as yet, and till then it will be difficult to fix their true position as constitutional diseases. What position psora holds as a constitutional disease I will not enter on for the reason above given, and it is not necessary as I hold that the hypothesis of its being the remote cause, by transformation, of the ordinary well-known constitutional diseases, is quite destitute of proof. The notion of transformation is not peculiar to Hahnemann, but is also held by many syphilodologists, who fancy that syphilis may be transformed into scrofula in the next generation.

Finally the psora doctrine as a theory of dormant disease gives us another instrument of analysis of diseases into their elementary morbid states, and thus throws further light on the action of specifics. Formerly we were told that diseases were cured by medicines corresponding to the totality of the symptoms, and that, without that correspondence a cure could not take place. But now it appears that a medicine can correspond to all the cognisable symptoms of an active disease and homœopathically cure it to all appearance, without however removing the real essence of the disease, which is only reduced to its dormant state, and unless now treated with other medicines (hypothetically called antipsoric) may break forth again from slight accidental causes. Strange as it may appear, and inconsistent as it certainly is with the original theory of homœopathy, this I believe we must recognise to be the fact, and to be an advance on the previous principles. I would therefore beg that what has been said as to the relation of dormant disease and specifics should be considered as dealing with matters of fact, whatever be the explanation of them; and I will now take the liberty to offer a few speculative opinions on the nature of dormant disease. According to my definition of a specific as "a medicine which cures by the absorption of its whole physiological into its therapeutic action," it can only do good by removing the proximate cause; there is no surplus action for palliation or change of the symptoms in any way. Disease has been compared to the shadow on the wall, and the proximate cause to the opaque body which intercepts the light. Now the specific remedy can remove the shadow in no other way than by removing the opaque body; but we can conceive another way of obliterating the shadow for a time, viz., throwing a more intense light on it from beyond the opaque body: this might be effected by some other than the specific action, but in that case the temporary removal of the shadow would give no presumption that the proximate cause had been touched at all. It is therefore plain that if a specific, especially if in infinitesimal dose and with no possible surplus of physiological action, removes a group of symptoms,

it must have been by removing the proximate cause; and if that group did not constitute the whole disease but was merely dissected out as it were, leaving the rest, it necessarily follows that the disease must have been a complex state made up of a combination of proximate causes. These may form links in a chain so dependent that when the chief one is removed the rest falls away by itself; or they may be combined with a certain degree of mutual independence. Applying the homœopathic law as a mere empirical formula of "covering the symptoms" in their totality, the notion is tacitly taken up, if not actually expressed, that the disease is one indivisible entity and the medicine acts on it as a whole. When, therefore, in a short time some new symptoms make their appearances or old ones vanish, the complex of symptoms or totality is changed, and a new medicine is then indicated. Has the whole disease then changed its nature? We cannot believe that, and such a view is eminently unsatisfactory to any one practically acquainted with the course of disease. On the contrary, as before said, it seems more correct to say that diseases are made up of a complex of elementary morbid states or processes, each forming the proximate cause of certain groups of symptoms more or less independent of each other, and it is on one, or a few, of these states only that the medicine acts in reality—not upon the totality in any sense, though it may be necessary to take into account nearly the whole circumstances, in order to fix on the pathological *simile* of the one elementary morbid state to which the medicine is to be fitted.

In unravelling the complex of symptoms we meet with in a case, the first thing is, to eliminate all complications and intercurrent diseases; this requires no illustration. In the next place come the sympathetic symptoms caused by reflex nervous action. For example, certain headaches depend on constipation, and in seeking the homœopathic specific for the constipation it is necessary to take into account the headache even to its particular variety, but does it follow that the homœopathic specific in curing the case acted directly on the headache? I presume no one

supposes otherwise than that, the constipation being removed, the headache went away of itself. Therefore, though one medicine cured the original and the sympathetic disorder, it acted directly only on one. The phenomena of reflex paralysis form another example too obvious to require detailed illustration, and here it is plain the specific remedy must act on the peripheral cause of irritation, and the attempt to "cover the totality of the symptoms" might actually mislead us. But when the cause is removed does it always happen that the secondary or sympathetic effect subsides? Far from it: and thus it may require a succession of specifics to meet the stages and phases of a disease. Take for instance the train of disorders that may arise from a mental cause such as disappointed affection. First the brain ceasing its normal stimulus to the ovaries and uterus: they in their turn producing by reflex action chlorosis, loss of appetite and indigestion; then follows anæmia; then upon that comes neuralgia, hysteria and the whole interminable series of nervous troubles. If now in the early stage the mental cause be removed, the whole train of effects may subside spontaneously; but that by no means follows, and the recovery may hang fire at any one of those stages. If this happens at the very first and we give *Ignatia* with the effect of restoring the brain to health, and thereupon all the rest gets well, would it be correct to say that *Ignatia* was homœopathic and directly curative to all that long list of different morbid states! Certainly not; and the argument is equally clear whether homœopathic or any other remedies are used or none at all, the cause being merely removed by moral means. So much for complications, sympathetic and dependent morbid states. But the process is not so obvious when we apply it to essential diseases and endeavour to analyse them into their elementary morbid states. In the inflammatory fever sympathetic of local inflammation, though not occurring by itself, we must recognise an abstract morbid state as it is not sympathetic of one particular inflammation, as the particular headache was of the particular variety of constipation. But the allopathic treatment gives no means of showing this for it *merely*

keeps down certain symptoms as long as the absolute action of the remedies lasts. The direct sedative action of blood-letting and evacuants, or the controlling action, through the cardiac nerves, of the hyposthenisants, such as *Tartar emetic*, *Digitalis*, *Veratrum viride*, or gramme doses of *Quinine*, may keep down the pulse; or refrigerants, if such exist, may keep down the unnatural heat, and these together may give the capillaries of the inflamed part a better chance of regaining their caliber, in which event the fever will naturally subside. On the other hand if the homœopathic use of *Aconite* has any effect at all, it can only be by removing the proximate cause and thus showing the, at least partial, independence of the fever in inflammation. The effect of *Aconite* in fulfilling all the indications for which the so-called antiphlogistics are, so often vainly, prescribed is known to all the homœopathic school, and is quite in harmony with what has been noted of the disproportion of the fever to the local inflammation; for though we must suppose a certain amount of constitutional fever to attend all acute inflammation, yet that varies so greatly that it is frequently the predominant state of disease, especially at the outset, when in fact it is more like an initiatory fever than a mere sympathetic irritation. To reduce this to its lowest point is a sufficient margin for the use of *Aconite*, and then the local specifics are indicated to conduct the diseased process quickly and safely through its course. Here as well as elsewhere, there is not one universal specific, and *Aconite* does not meet all varieties of inflammatory fever. I have lately seen two cases of pneumonia where other medicines were indicated and proved more successful. In one after *Aconite* and *Bryonia* the case was hanging fire when three-drop doses of the pure *Tincture of Gelseminum* were given every three hours for twenty-four hours with marked improvement of the pulse and general fever: after that under *Bryonia* again given, the recovery was steady and rapid. In the other, a child, the *Tincture of Chamomilla* had a similar effect, and the disease got quickly well under continuance of *Phosphorus*. A great number of well-defined elementary morbid states

have now been recognised through the homœopathic provings and corresponding clinical observation, but as it would be tedious to multiply examples I may simply say that in my opinion the majority of homœopathic specific cures take place in this way and not by the direct curative action of the medicine on the whole disease. When it appears otherwise and the whole disease gets well under one medicine, it is generally a fallacy to attribute the cure to the total action, as most will confess after bitter experience when they find that the next case apparently very similar fails. Here the real action no doubt was on a small part not discriminated, and the rest got well of itself; in the second case no doubt that part was wanting.

We see thus disease analysed into its component parts, each, however, complete in itself; but we have said that Hahnemann's theory of dormant disease resolves it still farther into its essential character as separate from its active manifestation in states which are common to nearly all diseases. We have seen already that the first element of specificity is *seat*, and a stimulus acting upon any part, tissue, organ or function will produce disease by merely altering or diminishing the natural action. The specificity is therefore that of seat, and the disease that of quantity or degree of action. But besides that there is also the *character* of action which is of far wider application and gives a far more important element of specificity. On this subject hear again Trousseau.*

"For us (i.e., Bretonneau, Trousseau, and their school, against Brown and Broussais) it is therefore no longer the *quantity* of action of the morbific modificator (exciting cause) which determines the nature of the disease, but, in fact, the *quality* of this modificator, just as it is not the *quantity* of the generative fluid, but its *quality* which determines the species of the product.

"There exists now no pathologist, so bigoted however he may be in the dichotomic doctrine, who does not admit the existence of certain local and general diseases whose forms are so constant and invariable that he is forced to admit the importance of the quality of the modificator; but these diseases are for him the

* *Traité de Therapeutique*, vol. i, p. 472.

least numerous—for us they are the most frequent." He then remarks, it would be superfluous to adduce the instances of the specific diseases, but goes on to show the special qualitative character of numerous diseases and also of the action of poisons. And in reply to Broussais, who adduces the fact that almost all "modificators" excite inflammation or irritation, he continues, "The whole question is reduced to this, whether this phenomenon has really the importance which has been attached to it. Doubtless the malignant pustule and boils, variola and impetigo, syphilitic chancres and preputial herpes, acute laryngitis and croup, dothinenteritis and gastric disorder, catarrhal and blenorrhagic ophthalmia, have all inflammation as a common character; just as bitter-sweet and stramonium, celandine and the poppy, have common characters, since they belong to the same natural families; but what physician, what naturalist, would be so stupid as to attach nothing but a secondary value to the specific characters which here play such an important part? Let us hear M. Bretonneau: 'The obstinacy of the physician,' says that excellent practitioner, 'who persists in seeing nothing in bronchial catarrh and pellicular angina but two unimportant shades of the same affection, is paralleled by nothing but that of the naturalist who could maintain that the viper is nothing but a variety of the harmless snake, and who, supporting his opinion by the similitude of the circulation and the generic characters, would count the scales and plates covering the head and the presence or absence of venomous fangs as differences of little consequence.' "

We have thus three elements in disease, viz. quantitative change as to degree, specificity as to seat, and specificity as to quality, of vital action. It is difficult to conceive these otherwise than as inseparably combined in the action of every morbific stimulus, for any stimulus capable of producing any effect must we should think disturb the equilibrium and produce quantitative change. For life consists in perpetual change of matter corresponding to the functions, sensations, motions, and thoughts which are the manifestation of it; and when the deposition of new organised matter exactly replaces that consumed we have equilibrium or health. Every manifestation or active sign of disease must as far as we can see be accompanied by quantitative change

in capillary and cellular action; even those minor changes within the limit of health in function, such as secretion and temporary changes in the nervous action, are attended with corresponding changes in the caliber of the capillary vessels. Therefore in most diseases the qualitative and the quantitative elements are inseparably combined and begin and end together. But is it always so? What then is *dormant disease* in which the active element is in abeyance?—may it not be simply the *qualitative dissociated from quantitative disease?* This I offer as an hypothesis which may prove more satisfactory than the vague notions as to peccant matter lying hid in the system, which are the only explanations to be met with. We can easily imagine the long-continued slight action of the exciting cause of some diseases to produce gradually the qualitative change, while any quantitative change might be so slight as not to exceed the bounds of physiological oscillation. After a time, when the qualitative change reaches a certain height, a very slight action of some subsidiary exciting cause will induce the quantitative change and thus form the active disease. This is probably the nature of gout. Again, a strong specific stimulus like the syphilitic virus induces both changes at once, and ultimately, when the intensity wears off, the active disease subsides before the qualitative disease is cured, and thus we have the dormant syphilis.

What is the nature of this qualitative change? To this no answer, even approximating to the character of a distinct idea, can be given, as we are totally ignorant of the state of aggregation of the particles in virtue of which organised matter possesses vitality. But to form some sort of notion how a living tissue may be still organised so perfectly as to perform all its functions, and yet have some qualitative difference in its composition at one time from another, we may imagine an analogy with the theory of substitution in chemistry whereby in certain compounds one element may be exactly replaced by another in number of atoms, "while the general character or type as it is called of the compound remains unaltered," and there is a close correspondence in properties. (Gregory's Turner, 682.)

This is merely an analogical illustration, for I believe that no chemical action whatever takes place in living organised matter. The selection and incorporation of matter into the living tissues or cells, all the changes occurring there, and its expulsion as effete, are governed by laws totally different from those of chemistry. We may admit the *equivalence*, but not the identity, or even resemblance of the vital and the chemical forces. But this subject cannot be entered on here, as it will have to be gone into fully when we come to the explanation of the homœopathic law.

Dormant disease can hardly be supposed to have symptoms proper, but it may be that, as the qualitative change implies some change in the composition of the tissues, it is possible that corresponding changes in the effete matters may be detected by chemical and other physical signs; and thus ultimately we may have definite data to guide us in the treatment of what is really the most hopeful period for specific cure.

But if dormant disease is a purely qualitative change, how then have we those signs of its existence as above given in the dormant gout? The remark made at the end of that list affords, I think, a clue to the answer, viz. that though not a state of active disease it produces an alteration in the susceptibility to stimuli which then produce an action different from what they do in the healthy state. When the accidental stimuli or subsidiary exciting causes are sufficient to produce, in co-operation with their proper predisposing causes, quantitative vascular, and cellular change amounting to disease, such as inflammation, spasm, exalted functional activity, &c., we have then the combination of these latter with the qualitative change constituting the active stage of constitutional and specific diseases such as gout, scurvy, secondary syphilitic diseases, &c. But if those external or internal sympathetic influences do not reach the degree of disease, we have then merely those spontaneous changes in health and sensation and function which come and go within the bounds of health to all of us, modified, however, by the peculiar perversion of susceptibility under consideration, which so acts that these ordinary influences act differently from what they do in persons not under

dormant disease. We are all liable to occasional alterations in the pulse, thrills and flushes, changes of appetite, feelings, taste, strength, and, in short, changes infinitely various in all the principal functions, not amounting to disease. Yet it would be quite possible to detect any persistent variations in these actions from some known influences. The altered action of the heart which is so characteristic of dormant gout did not in those cases depend on the slightest vascular or structural change in the tissue of that organ, but on merely abnormal relations of the stimulus perpetually furnished through the cerebral and sympathetic nervous systems, which again depend on change of susceptibility to more remote influences. This then accounts for those minor symptoms of dormant disease. But what again of those actual diseases which foreshadow the active stage—say urticaria, erysipelas, tic douloureux, sore throat, and other forerunners of the gout, which disappear on its advent? In this case I presume the causes of these are also present, but only active in consequence of the abnormal predisposition given by the dormant gout not sufficiently developed to assume its normal form.

There are still further difficulties to be explained. How are we to account for those diseases in which there are long intervals of apparent health and yet the paroxysms come on at intervals, sometimes quite regular, without any perceptible external accidental exciting cause of vascular or active disease? How can a fixed qualitative dormant disease which, we can often say with good reason, is quite stationary, neither getting better nor worse, and whose only manifestation is that of a susceptibility to be acted on—how can that take on an initiative power and bring on paroxysms? This may also be explained. Let us suppose structural disease of the heart or lungs, such as stenosis of the mitral orifice or emphysema in moderate degree. As long as the patient is not too full-blooded and remains at rest, he may continue free from disturbance of breathing and unconscious of any ailment, but the moment he overexerts himself, or a strain is put on the circulation, he suffers from difficulty of breathing. Here is an instance

where a fixed disease becomes perceptible owing to accidental, and to a certain extent voluntary, conditions. Suppose now the stricture existed in the inner cervix of the uterus, then we should have the patient for three weeks unconscious of its existence, but on the fourth from the periodical activity of the uterine function she would suffer all the pains of dysmenorrhœa. In this case the natural physiological periodicity of the function would be the condition of active change. Instead of a physical defect let us suppose a qualitative change of nutrition alone producing an altered susceptibility to stimuli, and we shall see how causes within the body are capable of producing those signs of its presence and even active paroxysms. Health and life itself is the result of the action of certain stimuli on the vital irritability which is the property of organised matter. Now of those stimuli a most important department are the indirect stimuli by organic and animal sympathy, as expressed by Dr. Fletcher as follows:

"If it be true that the vital action of every organ of the body consists in its irritation, in other words, that life and irritation are nearly, if not quite synonymous terms, and if the inordinate irritations of individual parts have so obvious a tendency to be extended to others, is it not reasonable to believe that their ordinary irritations, or natural functions, exert likewise a considerable influence over those of more or fewer distant parts, according to the specific irritabilities of the latter, and that accordingly, the natural irritation of every organ is in some degree essential to that of all the rest? A beautiful illustration of the influence of one function over others is afforded by the higher classes of animals at puberty, when one new irritation being set up in the body, female or male—that of the ovaries in the former, and that of the testicles in the latter—the actions of distant organs are so modified by this new irritation, which is of a very different character in the two, that there is scarcely a square inch of the body which does not undergo some change, and almost every organ becomes, after a time, as characteristic of the different sexes as the proper genital organs, which had previously constituted almost the only distinction.

"Nor is it only in establishing these differences that the new

irritation operates, but it is essential also to perpetuate them; the subsequent abstraction of either the ovaries, or the testicles, or even the cessation of the proper function of each, as in old age, going a great way, as is well known, towards obliterating the characteristic peculiarities, which the setting up of this function had established; and if the natural irritation of this one organ has so extensive an influence on that of others, can we doubt that those of all the rest have a similar influence, although it is less observable, from the latter not being more marked at one period of life than another?"*

This extract applies to the influence of organic sympathy, which is more or less permanent, but that of animal sympathy or passion is much more variable, and affords sufficient scope for exciting causes of active disease here. It must be noted as important that nearly all the organic functions which furnish the indirect stimuli through sympathy, have a certain periodicity of action and repose, which forms the basis of the rhythmic exacerbation and remission, or complete intermission, in disease, and in the pathogenetic action of medicines.

In migraine and epilepsy it is not difficult to see how, in default of external accidental influences, the sympathetic irritations may vary under the influence of physiological oscillation and natural periodicity in such a manner as to produce paroxysmal active disease by acting on a fixed morbid susceptibility. In epilepsy, which depends on a change of nutrition, as yet inscrutable to the scalpel, microscope, or test tube, in the brain or medulla oblongata, we have the persistent dormant disease and the paroxysms excited by peripheral irritations either external and accidental or regular and depending on the natural periodicities. Now, here in specific treatment the dormant disease is the real thing to be cured, the active disease, in fact, not requiring and not being susceptible of treatment, so what can avail all those medicines which produce convulsions like epilepsy by their absolute action and in poisonous dose? At most such an action shows that the drug acts on the same part as is the seat of the active disease, in virtue of

* Fletcher's *Rudiments of Physiology*, part ii, p. 6.

its specific power on the specific irritability of the part: it has the specificity of seat, and the effect is a quantitative change. That is all we learn from the mere fact that a drug produces convulsions like epilepsy, and so far it merely resembles the peripheral irritations which are the exciting cause of the paroxysms; whether it can also produce the qualitative change we require must be ascertained by other ways. At most what we know from the above action is that it gives a presumption since it acts on the seat of the disease it may possibly act in the way we wish. Unfortunately, however, few of those convulsion-producing medicines have hitherto been found to possess the qualitative action we wish, as the homœopathic school knows by bitter experience, and we find no cures of epilepsy from *Agaricus*, *Hyoscyamus*, *Stramonium*, *Nux vomica* or *Strychnine*, *Arnica*, *Cicuta*, *Camphor*, &c. Why, indeed, should we? The convulsions, though all in all to the patient, are comparatively nothing in the eye of the physician who wishes to find a specific for the real disease, which is not the convulsions, but a change of tissue which so alters the susceptibility of the part that peripheral irritations, harmless or salutary in themselves, produce convulsions. The pathological *simile* to this is found in the contingent medicinal symptoms resembling those of the dormant disease; but it is very hard to find. Few remedies corresponding to the real morbid change have as yet been found, and those few have been found by the patient comparison of the minute subjective symptoms in the *Materia Medica* with the minute symptoms of the case in hand during the interval, and just before, and just after the paroxysms. Though, of course, the resemblance to the paroxysm itself should also be got, if possible, as it shows complete similarity of seat, yet we have no guide here from treatment in the paroxysm which in the gout throws light on the qualitative specificity of the remedy. In accordance with the above the clinical experience of the homœopathic school shows not many cures of epilepsy, and these for the most part with remedies belonging to the so-called antipsoric class, whose symptoms are entirely contingent, resembling, indeed, the

dormant disease, but not certainly producing anything that could be mistaken for epilepsy. These are *Sulphur, Calcarea, Causticum, Belladonna, Argentum, Zinc, Artemisia,* and some others.

The application of this method of analysis to diseases and the action of medicines is extensive; and it will be seen further on, that the distinction of the elements of intermittent fever into the (primary) cachexia and the paroxysms has already, to a certain extent, forced itself on the attention of the homœopathic school in contrasting the empirical specific, and the homœopathic specific, treatment of that disease.

For more complete illustration I will conclude with a minute analysis of the gout and its remedies in this method.

We must first put aside the notion of a *materies morbi* evolved in the blood forming the efficient cause of the phenomena of the disease as a whole. This recrudescence of the humoral pathology which had been exploded as far as gout is concerned by Stahl and Cullen, is due to the discovery by Wollaston of lithic acid in the gouty concretions, and more lately of the same substance in the blood by Dr. Garrod. I have carefully examined the recent theories on this subject, and am surprised and disappointed with their extreme vagueness and shallowness. In particular those of Drs. Watson and W. Budd are nothing but descriptions of the phenomena put into metaphorical language, and give no explanation whatever of them. To form any consistent theory which will account for the facts, it must be shown that the urate of soda (if that really be the *materies morbi*, which is hardly even asserted) is formed in excess in the blood from purely chemical causes, and when there, by acting as a poison, capable of producing phenomena like those of gout; likewise that when there, the gout is never absent, nor is there gout without that excess of lithic acid in the blood. None of this, except the fact of the presence of lithic acid in the blood, is proved; little of it is actually asserted, but the whole is tacitly assumed. But unless the origin of the lithic acid is proved to be purely chemical, we

must still look on it as the product of vital action, and therefore of disease in the ordinary sense, even though the production of excess of lithic acid in the blood should be a link in the chain of exciting causes of some of the phenomena of the particular disease. We have merely in this case to put back the chain of causation by one link. In all vital action there must be a reciprocal effect on the blood, and in all disease a change or vitiation of the blood must take place more or less, and this may give rise to other subordinate effects, acting, however, in the way of an exciting cause. We are all familiar with the important part played by change in the blood in embolism, pyæmia, uræmic poisoning, &c., and we can easily conceive how the excess of lithic acid or other changes in the blood may be the exciting cause of some of the subordinate symptoms. This much is admitted by Dr. Gairdner, who is nevertheless wholly opposed to the "peccant matter" theory. He says, at p. 79:

"If their function (the kidneys) be arrested, either the suppressed urea and urates must be eliminated through some vicarious channel or be retained in the blood, in which latter case we observe the most poisonous and even fatal results. This is, indeed, the frequent cause of that general cachectic condition so often seen in gout; hence arise distressing headaches, somnolence, and indifference. It is also, I believe, the origin of much of the dyspepsia with which the gouty are afflicted, and to this circumstance are to be traced those disastrous cases in which we see sudden death resulting from some great emotion, or from some violence affecting any great function of the body."

And again:

"I cannot look on the disappearance of urea and uric acid in the urine, and their accumulation in the blood, as anything else than a very frequent symptom and consequence of gout, itself again being the cause of other important phenomena."

These symptoms, it is plain, are not those of gout, and the suppression is only the effect of gout, not the cause; and likewise this is not peculiar to gout, but is shared with a number of other causes, such as violent mental shocks,

hypercatharsis, intussusception, cold, and even hysteria. The mere presence of a variety of ingredients in moderately increased quantity in the blood, which is, in fact, the common sewer as well as the conduit of pabulum for the tissues, is not of much importance; for example, the presence of sugar explains *per se* few of the phenomena of diabetes and that of oxalic acid when derived immediately from food containing it gives rise to none of the phenomena of oxaluria caused by disease of the tissues resulting in that as a morbid product.

Further, it is now ascertained that uric acid is a constant and necessary ingredient in pure and healthy blood, and the increase of it in the gout is no more remarkable than that of fibrine in common inflammatory fever, or, indeed, in the gout itself.

"The inflammatory character of the blood, the buffy coat is at least as constantly present. I have had frequent occasion to order the gouty to be bled; and in a regular paroxysm of the disease, or while it was impending, I never saw the above appearance wanting; but it would surely be an error to reckon this the cause and not a symptom of the disease" (Gairdner, p. 76).

Remark here "while it was impending,"* for this is one of the great arguments of the "peccant matter" theorists; the idea being that the uric acid goes on accumulating for a time, till "nature" is excited to a salutary process of "throwing off" the poison, and that process is a fit of the gout. But why do they not say the same of the fibrine in this and in all inflammatory diseases? Moreover, the uric acid, besides existing in excess in many other diseases

* "Before the paroxysm of gout the urine is found to be very deficient in solids, especially in urea, uric acid, extractives, and phosphate of lime. There is, in fact, a diminution of all the chief ingredients before the paroxysm; during the paroxysm there is insufficient elimination of uric and phosphoric acids, while the urea and sulphuric acid are in sufficient amount; and after the paroxysm the elimination again increases. After the paroxysm the water is usually copious, and the uric acid increases as the fit is passing off just after the paroxysm." (Parkes.)

besides gout, is not always the constituent of the critical discharge at the termination of that disease.

"I have often seen cases of true, regular gout, in which there was no evidence of excess of urates in the urine, and the cases are not rare in which deposits of earthy phosphates, and mixture of earthy phosphates with urates, are met with" (Gairdner, p. 72).

"Indeed, nothing can be more striking than the fitful appearance of these salts. They show themselves, and vanish again in a few hours, according to the moral condition of the patient. But they are, without doubt, to be considered quite as much as the urates in the light of a critical evacuation at the termination of the fever, or period of increment of the disease. It is of consequence to mark this, because conclusions at variance with the truth have been drawn from statements at variance with fact" (Gairdner, p. 20).

These statements are corroborated by numerous observers before and since Gairdner. Further consideration of the subject would still more strongly show the inadequacy of the theory of peccant matter to explain the phenomena of the disease as a whole; *e. g.* we might dwell on the rapid cure of gout by mental emotion, and by the moxa—of both of which there are well authenticated instances—but I think the above is sufficient.

The next pathological state which has been deemed essential to the gout is inflammation. By the common consent of authors it is arranged among the inflammatory diseases, and there can be no doubt that in the active paroxysm, inflammation, though of a peculiar character, is present, and attended with the usual sympathetic fever. But the point is whether it is essential, and whether the gout as gout cannot exist without it. Dr. Gairdner sifts this question, and comes to the conclusion that it is not an essential phenomenon. The following is an example of cases that are not unfrequently met with:

"One evening, when dining at the house of a friend, I observed a gentleman who, an instant before, had been in the most cheer-

ful spirits, suddenly turn lividly pale, and complain bitterly of a pain which had at that moment seized him in the ball of the great toe. As we were all familiar friends, the part was immediately stripped and exposed. The limb shook with agony; but there was not the slightest discoloration, swelling, heat, or local change of any kind in the part to which the pain was limited. Had it not been for the manner in which the colour forsook his cheeks and lips and the other traces of exquisite suffering in his countenance, his friends might have suspected him of shamming. This pain continued for half an hour, and then quitted him as suddenly as it had seized him, leaving no trace of its past existence" (Gairdner, p. 109).

Subsequent events proved that this was a fit of gout, yet here all traces of the usual phenomena of inflammation were absent. Similar cases are quoted from other authors, and then Dr. Gairdner goes on to say (p. 111)—

"But I ask, does anyone doubt that the first two attacks of pain, in the case I related above, were true symptoms of gout? and does anyone believe that inflammation then existed? The conditions necessary to constitute inflammation could assuredly neither be so rapidly created, nor so speedily dispersed. It would be easy to accumulate proofs drawn from cases less clearly defined than the one I have given, but on a point of this kind a single example is an *instantia crucis*. Inflammation is not an essential condition of gout, if absent in one well-established and well-marked case.

"The position, however, which I seek to establish, does not rest on grounds so partial. If we permit ourselves to take a comprehensive view of what I have already called the natural history of this disease, the conviction will be forced upon the mind that its nature is the very reverse of inflammatory, however frequently a peculiar inflammation may attend the accidents to which it gives birth."

Accordingly we find that if we take into account the irregular, atonic, and misplaced forms in which inflammation is for the most part absent, we must conclude that in the majority of instances gout is independent of inflammation. It allies itself, in fact, more frequently with an opposite state, viz. venous congestion and stagnation, as evidenced

by languid circulation, chilliness, turgidity of the right hypochondrium, hæmorrhoids, swollen and varicose veins of the lower extremities, and finally, capillary ecchymosis. Dr. Gairdner concludes that Cullen should have arranged it among the cachexiæ, instead of the phlegmasiæ; and its true alliance is with varix, hæmorrhage, and apoplexy, and not with pyrexia and neurosis. Nevertheless, others are just as strongly in favour of classing it with the neuroses, for we find that the nerves of the part acquire the highest state of tenderness and irritation. The sense of throbbing is more remarkable than in other inflammations, owing to the preternatural sensibility of the nerves. The sense of heat complained of is a perverted sensation, and not in proportion to the real increase of heat shown by the thermometer. This is demonstrated by the experiments of Scudamore (p. 158). Sometimes it felt to the patient actually colder than the corresponding part in the other limb, though the thermometer showed increased heat of the gouty part. At the same time the natural sensation is blunted, as in a patient with gout who was complaining that his feet felt as if in a furnace when some boiling water fell on the part, producing instant vesication, but the patient scarcely felt it. In the case quoted at p. 296 the active gout was limited to the nerves alone.

Again, it cannot be denied that in some cases the true gout may show itself in the form of spasm alone, though it is difficult to discriminate that from other spasms.

Thus it appears that though the gout can exist without inflammation, neurosis, congestion or spasm, yet there can be no doubt that it may also manifest itself in those forms of active disease. Though Dr. Gairdner is so strongly in favour of venous congestion as the cardinal form (and probably all cases ultimately pass into that), yet he cannot refuse to admit the existence of the purely inflammatory form with sympathetic fever, and the buffy coat in the blood. If that is not inflammation, what is? There are present the heat, redness, pain, swelling, and increased secretion. The inflammation is certainly peculiar, in that it has no tendency to suppuration, the effusion contains lithate of

soda, the pain is peculiar, and the capillaries have a remarkable disposition to recover their caliber, and transfer the irritation to other parts; but a qualitative peculiarity does not destroy the essentially inflammatory nature of the process. Dr. Gairdner is somewhat embarrassed in speaking of the utility of moderate bloodletting in certain cases of active gout, but he testifies to its good effect in the following case:

"A gentleman, fifty-five years of age, but yet in unbroken health, was visited by some painful gouty feelings. He had previously felt the influence of the disease, though he had not yet experienced a regular fit of it. There were no signs of dyspepsia, but he suffered from aching of the toe and heel, the pain flying from one foot to the other, and thence to the shoulders, occiput, and head. As each part was attacked, the others were relieved. His urine was loaded with urates, which fell in a copious deposit on cooling. This fluid was subjected to analysis, and yielded, in 1000 parts, 25 parts of urea. He then lost five ounces of blood by cupping, with speedy relief of all his symptoms. The blood had a slight film of buffy coat. After twenty-four hours had elapsed, his urine was again examined. There was a very feeble acid reaction, and the uric acid sediment had entirely disappeared; even after cooling and standing many hours there was none. But the remarkable fact to which I would draw attention is this, that while the urates had disappeared, the proportion of urea had risen from 25 to 29 in 1000 parts" (p. 88).

Here all the symptoms subsided, and the loss of balance of the urea and urates was restored, under the action of a small loss of blood, which could only help by relief of inflammation.

In a similar way it can be shown that none of the other active forms is the one essential and exclusive one. From all this, I think, we are entitled to conclude that the gout does not consist in inflammation, neuralgia, venous stagnation, spasm, or any other known active form of disease, but is a cachexia *sui generis*, which is capable of existing in the dormant state, and makes its appearance as an active disease, either acute or chronic, under the above forms.

I will now analyse the phenomena of gout, confining myself to those which bear on the pathological principles involved, and omitting mere matters of detail with which every one is familiar. In the first place it is necessary to observe extreme precision in the use of the terms employed. This is not a matter of mere verbal refinement, but is of essential importance, as much of the confusion in which the subject is involved arises from a different use of the terms exciting, predisposing, and proximate causes, not only by different authors, but even by the same author at different times. The very same external influences and morbid changes have been at different times arranged under all those heads, and in addition as this disease is remarkably liable to complications, these latter have been mixed up with the essential symptoms in such a way as to produce almost inextricable confusion. In short, we may almost say that every ailment incident to the idle and luxurious, is described as part of the gout, if haply the patient is also subject to that disease.

To begin at the beginning. Here, as always, we have two factors—the predisposing and exciting causes. Passing by the normal predisposing causes, such as sex, age, temperament, &c., whose influence may be taken as usually described, we come to parentage.

"We all consume much more food than is necessary for the sustenance of the body in health and strength. There is no necessity that persons, without any proclivity to disease, should confine themselves within the strict limits of the absolute essential; for the human body has a great power of adaptation, and a range is permitted within which the pleasures of the table may be enjoyed without injury" (Gairdner, p. 187).

This range is, however, limited in many persons even from birth, and thus the predisposition may be congenital or hereditary, or both. In the first case the person by the Darwinian law of variation is born with some non-hereditary disproportion of organs, especially the great emunctories, viz. lungs, kidneys, skin, or colon to the rest of the system, whereby he is less able to eliminate that excess of aliment

which is the exciting cause; in this case a smaller amount is already excess, and he *acquires* the gout more easily than others. In the second he inherits, more or less remotely, a peculiar organisation of the tissues (just as he inherits any other peculiarity, mental or bodily) whereby they are less able to resist the ordinary amount of excess, and therefore he *gets* the gout more easily than others. In the third he may have both combined, and then the line of health in which he may walk through life is still more narrowed. That he may so walk, however, in spite of predisposition, is shown by the example of Dr. Gregory who, early in life, "prescribed to himself a frugal diet and much bodily exercise. He attained the object of being the first individual of his family who lived and died free from gout" (Gairdner, p. 219). These are the real predisposing causes and (with the exception of plethora, which, however, may be almost looked on as a stage of the operation of the exciting cause) all the other circumstances enumerated as such have no title to the appellation, but they belong to the exciting cause, either of the disease itself or of the paroxysms merely.

The exciting cause of the disease is a subject on which, for a wonder, all authorities are agreed. The only difficulties are, at what point the disease may be said to begin, and how much of the subsequent disorder is really due to it. This well-known cause may be stated as the excessive assimilation of nutritious food, especially animal food and fermented liquors, combined with insufficient exercise; these conditions are favoured in their operation by the exhaustion consequent on excessive stimulation of the cerebro-spinal nervous system through mental labour and the passions; and probably, also, in a minor degree, by some other conditions; but as none of the latter circumstances are essential, we may summarise what is essential for the sake of conciseness, in the words *excess of certain aliments and of rest.* These conditions constitute the sole essential exciting cause, and without which the gout cannot arise. It is of importance to keep this in mind, as it will guard against a host of fallacies engendered by the incorrect use of the term

exciting cause. We must bear in mind that the above predisposing and exciting causes are all that is essential for the production of gout. Beyond them nothing is required but health. In fact, the exciting cause being nothing but excess of the conditions requisite for health, gout is emphatically the disease of the healthy. The remembrance of this will dispose of another large number of fallacies. I give two quotations in proof of this:

"All definitions of gout affirm that its external manifestations are preceded by dyspeptic affections of the stomach. This, however, is chiefly true of subsequent attacks of the established disease, and by no means applies to its first invasion, which undoubtedly often happens without any preceding dyspeptic symptoms. Persons, indeed, in whom the first stage of digestion is sound and vigorous, and in whom the assimilating process is also complete and apparently healthy, are singularly liable to gout" (Gairdner, p. 8).

"I will go farther by observing that gouty persons are, for the most part, more favorably organised for health than others" (Scudamore, p. 529).

In corroboration of this may be noticed the fact that many persons have lived to a great age subject to attacks of gout, and whose health has otherwise been perfectly good. Such instances are, no doubt, uncommon for a variety of reasons, but the existence of a single such fact disproves the theory of its dependence on other diseases. Likewise the age at which gout takes its origin points in the same direction, for the largest proportion of first attacks takes place between thirty-five and forty-five, while comparatively few begin after fifty. Now, as I maintain that the real disease begins long before the first fit of the active gout, the former takes its origin while the digestive powers are still in their full vigour. Moreover, so far from indigestion being the cause of gout it is, in fact, a preventive of it by rendering the patient incapable of that excessive assimilation which is the exciting cause. Many a puny debauchee with a feeble stomach brings on himself innumerable disorders in trying to imitate his stronger prototypes, but among them, not the gout; in fact, as it is said, he never was man

enough to get the gout. All this applies only to the origin of the disease. When it is once established, things, as we all know, are widely different.

The remote causes being thus limited and defined let us follow their operation. The exciting cause, viz., "excess of certain aliments and rest" having been in operation for a certain time (often a long period), slowly produces enfeeblement of those processes—always physiological from beginning to end and never chemical, for these latter never tire or grow weaker*—by which that excess has been hitherto incorporated and eliminated. When in the range of physiological oscillation the blood reaches the extreme verge of healthy richness, and still more when that verge is passed and plethora has set in, that enfeeblement now passes into disease, and an altered state or *qualitative change* in the nutrition of certain tissues and parts is produced. This qualitative change constitutes the *cachexia sui generis*, which is the proximate cause of gout; but being as yet unaccompanied by any perceptible quantitative change in capillary and cellular action remains in a dormant state, its existence being obscurely shadowed forth by the phenomena above given, and which may be referred to an altered relation to the natural and external stimuli. In this state it may remain for months or years, but under the persistence of the exciting cause gradually increases, at the same time rendering the body more susceptible to the influence of the ordinary causes of active disease; till at length some accidental application of these common exciting causes of disease brings on active quantitative disease in tissues already qualitatively changed, and the compound or complex disease resulting in the active gout, i. e., inflammation, spasm, neuralgia, congestion, or other morbid state having the gouty character. These exciting causes of the paroxysm or active disease are both external and depending on sympathy with internal disorder. We may enumerate some of both, though keeping in mind that a first fit of active gout may come on from external causes alone without any disorder of

* It would be a very remarkable thing indeed to see an alkali get tired of saturating an acid and leave part of its work undone!

the digestive organs. The chief causes are cold and damp, especially in the feet, individual acts of intemperance with wine and beer, acidity and various forms of indigestion. One patient of Scudamore's had a fit of gout so certainly after certain bilious derangements to which he was subject that he used to say "my toe is to bile what the barometer is to the weather" (p. 461). Losses of blood by hæmorrhoids; anger and other violent passions. External injuries, such as strains, concussions, contusions, wounds, operations and even similar causes of a very trivial nature, such as the pressure of a tight shoe, fatigue of mind or body as from a long walk, a common purgative or a game of chess; and Heberden avers he has seen a fit of gout produced by the bite of a flea!

The mere enumeration of these shows they are not really causes of the specific cachexia we call gout, but merely of the quantitative or active morbid states, a combination with which constitutes the active disease or the gouty paroxysm. The operation of these causes is not immediate but is preceded by a latent stage, of longer or shorter duration, indicated by the premonitory symptoms of the paroxysms, such as anorexia, heartburn, flatulence, costiveness, diminution of urine and deposit of uric acid; irritability of the bladder and ardor urinæ, depression of spirits, drowsiness, yawning, chilliness, rigors, general feverish feelings, flushings, headache and vertigo, suppressed natural perspirations, cramps, restlessness, &c. These premonitory symptoms of the paroxysms or latent stage of the active disease must not be confounded with the dormant disease, but correspond to the stage which forms a more or less perceptible part of all diseases involving capillary disturbance, of which inflammation and fever are the types. The paroxysm now comes on in the form so well known, and need not be described here.

The want of a clear distinction between the one sole and true exciting cause of the disease, viz., "excess of certain aliments and rest," and these subsidiary exciting causes of the paroxysms has been the cause of endless confusion. Every one recognises the fact that these latter are not adequate to the production of the

specific disease, but require the pre-existence of another cause which is termed indifferently predisposing cause or diathesis. But it has been already said that with the real predisposing causes these subsidiary exciting causes are wholly unable to produce the gout. Dr. Gregory, who was strongly predisposed in the proper sense of the term, must have suffered from a great variety of these subsidiary causes, as we all do, from flea-bites upwards, and yet he never got the gout, simply because he was not exposed to the sole exciting cause; just as no one, however strongly predisposed, will ever get smallpox, scarlatina or typhus, unless he is exposed to the exciting cause of these diseases. Nor will it do to place the "excess of aliment and rest" among predisposing causes, which is done by many on account of their slow action beginning so long anterior to the outbreak of the active disease. Because then it would be an *abnormal* predisposing cause, and that is already shown to be disease itself. There is therefore no way open but to admit the change induced by the true exciting cause to be the essence of the disease itself though dormant. In which case we must use the word *diathesis* as synonymous with dormant disease—a sense in which it is far from being generally understood. In truth the word is employed very vaguely, and even in this disease the expression "gouty diathesis" is commonly applied both to the predisposition to the disease and to the constitutional peculiarities in general of persons subject to it. Bichat's view, attributing a special diathesis to each of the tissues, is distinct and intelligible. But this is a purely physiological use of the term, and has already been considered under specificity of seat. Pathologically the term, according to Aitken (II, p. 6),

"Is now generally understood to imply (1) the existence of *latent* conditions in the constitution of the body itself, necessary for the development of peculiar diseases; (2) a tendency to the development of special and peculiar diseases during the course of the nutrition and other morphological changes between the solids and fluids of the body, and which are only influenced by the operations of agents from without, acting as stimuli or excitants to the morbid development."

The want of precision of these definitions is no fault of Dr. Aitken's, for they are a faithful summary of the opinions of the authors from whom his compendium is compiled. They speak of the rheumatic, gouty, cancerous, scrofulous, lithic acid and other diatheses. Virchow calls scrofulosis the general constitutional state in which the tuberculising process occurs, and which commonly leads to tuberculosis: and according to Paget "the relation between the two terms is, that the *scrofulous* constitution implies a peculiar liability to the *tuberculous* diseases." These expressions cannot be received as explanations in any sense of the word, nor as conveying any precise ideas whatever. The truth is it is impossible to have any distinct ideas on the chain of causation of such diseases as tubercle, scrofula and cancer, while we remain in total ignorance as to their true exciting causes. With gout it is different, and I think that the sequence of causation I have given above, whether correct or not, is, at any rate, precise and intelligible. The word "liability" used above by Mr. Paget is so ambiguous that it deprives the sentence of all special meaning which may have been found in the previous statement of Virchow, and perpetuates the confusion in which the terms constitution cachexia, predisposition and diathesis are employed. If he had said the strumous cachexia is the constant and necessary pre-existing state in which the action of common subsidiary exciting causes brings on the deposition of tubercle, that would be precise; and in that case we should know that the operation of the true exciting cause must be *anterior* to the strumous cachexia, even though it be still unknown. But it is not even proved that the strumous cachexia has any necessary connexion with the tuberculous, nor is the exciting cause even guessed at, nor the time when it acts. All this applies even more strongly to cancer, and therefore we may leave the word diathesis to be used in respect to these states in its present vague signification. Perhaps indeed Villemin's recent pathological experiments may clear up the theory of tuberculosis by showing it depends on contagion at some stage of the process, but in the mean time I would not use the word diathesis in respect to diseases like gout and scurvy

whose exciting cause is well known except in the sense above stated, viz. that it is the disease itself in its essential form.

This matter is not remotely, but very nearly connected with our present subject, for in the question of cure by specifics we must know exactly what is the state to be cured. A mere predisposition derived from natural conformation is no more to be cured than a cubit is to be added to our stature, or the complexion or temperament to be changed. But an abnormal predisposing cause, which is really disease, is a very different matter. And if the latter is dormant we can see that the desired similarity between it and the remedy must be very different from that which obtains between the symptoms of a drug and those of active disease, and much, in fact, to a great extent, a matter of inference through pathological and clinical induction. This will be illustrated when we come to the question of the curability of gout. To proceed, therefore, with our analysis. After the attack the patient sometimes feels better than before, especially after the first, and this has been put forward by the "peccant matter" theorists as an argument in their favour, though the same occurs after many other paroxysmal diseases, even epilepsy and megrim, which have no evacuation, and all inflammatory diseases which end in critical discharge and increased secretion as regards some of the main symptoms. But the question is, does recovery now take place as far as the specific cachexia is concerned? Sometimes it may, but in general the recovery from the paroxysm, even in its completest form, is merely recovery from the quantitative (generally the inflammatory) element, and the disease sinks back into its dormant state. The patient, now released from his pains and fears, returns to his habits, and thus perpetuates the exciting cause, till again as before the attack recurs, worse than before, and so on at shorter intervals. In the mean time, even before the first attack, and almost always afterwards, the same causes produce a variety of disorders of the digestive organs, the appetite becomes capricious, flatulence, acidity, spasms in the stomach, enlarged liver, general torpor in the whole

venous system, wasting of the muscles, &c., supervene. Even before the first outbreak, especially under the influence of exhausting mental labour and the passions, and diseased digestion, the plethoric state which was present at the beginning of the cachexia becomes lost, and the active disease breaks out in one or other of the atonic forms. The attacks become more frequent, and finally chronic, and lose their inflammatory character, becoming irregularly atonic or retrocedent. It is chiefly during this stage that those digestive disorders act by sympathy as the exciting cause of the paroxysm, and are, therefore, apparently so intimately connected with its nature. And from this has arisen the speculations referring the proximate cause to one or other of the great viscera; from the everlasting liver of the fashionable watering-place physicians, to the cautious suggestion of the kidneys by the philosophical Morgagni. The simple answer to all those speculations is the fact above noted, that the gout in all its essential features is compatible with perfect health of those organs. Finally, the disease passes into the stage of secondary cachexia or sequelæ, leading to the terminations in apoplexy from diseased arteries, and fatty degeneration of the heart, hæmorrhage from the portal veins, dropsy, generally of the chest or abdomen, and finally, even death from syncope without sufficient structural change to account for that event.

And now as to the curability of gout. It by no means follows that if we remove the exciting cause, that the disease will necessarily recover at once, or, indeed, at all. A blow or a burn may be fatal, though the cause has ceased almost at the moment of action; so with poisons and causes of disease. Among the rest, gout may recover radically on the cessation of the exciting cause, *i. e.* by complete regulation of the hygienic conditions. Of this we have an example in Van Swieten's case of

"A priest, who, in the enjoyment of a fat benefice, and suffering from intolerable gout, was captured by pirates, and compelled to work hard at the oar for a space of two years, with this good effect, that when redeemed from captivity, he was freed from his

cumbrous and superfluous bulk, nor was he ever afterwards affected by gout, though he survived several years" (Gairdner, p. 207).

Certainly the bits of water-curing, grouse-shooting, and croquet-playing done by our fat and gouty friends are nothing to this! Whether this be the reason or no few are so lucky as this priest, in whom the gout recovered spontaneously on removal of the cause. It is true that few could survive the Algerine galley-cure, so that it could not be fairly tested even if it were not out of the bounds of medical discussion. But all the practical means of arranging the diet alone have failed to eradicate the disease. Milk diet and strictly vegetarian diet, however effectual to prevent the original formation of the cachexia, and to mitigate the paroxysms, have failed to cure. Prevention is not the same as cure, and a very much smaller range of diet is open to those in whom the gouty cachexia is once established than before. To restore the original range is the problem for a rational specific method to solve. Of course none but a mere empiric would pretend to offer a drug or nostrum that would simply abolish the pains and penalties of excess, as far as the gout is concerned, and enable the patient to resume his previous habits with impunity. But to those willing to persevere in hygienic restrictions, and a long enough course of medicine in the intervals, I believe the homœopathic specific method offers sufficiently speedy and perfectly safe relief in the paroxysms, and even now, with the few and imperfectly known specifics, a fair chance of the eradication of the disease. It also illustrates and harmonises with the doctrine above put forth as to the cure of the different elementary morbid states. In the present return to fashion of humoral views of gout, elimination of the peccant matter or morbid product, whose presence in the blood may be allowed to be diagnostic, is the great object, and we perceive that the aims of medicine are directed to that in three ways. 1st. Stimulation of the emunctory organs by the primary action of medicines which are supposed thus to strain away the excess of uric acid. 2nd. Chemical solvents, such as the *Sulphates of*

Soda and *Magnesia*, *Benzoic acid*, and *lithia*, which are supposed to enter the blood and render the urates more soluble, and thus easier to expel by the kidneys. 3rd. Simple dilution of the blood by drinking excessive quantities of water as recommended by Dr. Inman, in imitation of Piorry, who recommended the same measure against croup for keeping the excess of albumen in solution!

These means have all been proved in their turn either futile or impracticable, or injurious, and what else can we expect of proposals to treat the morbid product instead of the morbid process, which is continually reproducing it as fast as it could be removed, even if those means were effectual? How can such means be compared to the action of specific means of directly curing the morbid process, and thus stopping the renewal of the morbid product? When that is effected the small excess of urates will soon be removed as a spontaneous critical discharge, rendering all eliminants superfluous.

Attempts are often made by theorists to account for the specific action of *Colchicum* by referring it to the first mode of elimination above mentioned; but this finds no countenance from practical men, for we find Dr. Gairdner states, at p. 265:

"*Colchicum* never more effectually relieves the patient than when it acts silently and peacefully, without producing any evacuation whatever, or in any way disturbing the patient's comfort and ease."

In my reading up of this subject I find Sydenham constantly quoted, partly from the real excellence of his descriptions, and partly from affectation of learning, but I never meet the following quotation which does not suit the taste of the mediocrities of the present day:

"As for a radical cure, one altogether perfect, and one whereby a patient might be freed from even the disposition to the disease, this lies like truth at the bottom of a well; and so deep is it in the innermost recesses of nature, that I know not when or by whom it will be brought forward into the light of day. Nevertheless, I hope that I have in this treatise contributed something

towards the benefit of the human kind, even if I have only faithfully pointed out those rocks upon which both I and many others have suffered shipwreck; and also if I have exhibited the best method hitherto known. More than this I do not promise: however much the long train of thought, which has been all but forced upon me, may have induced me to believe that some such remedy may at some future time be discovered. If such ever take place, it will rebuke the ignorance of dogmatists, and will show the great extent to which they have hallucinated, both in distinguishing the essences of diseases, and in choosing the medicines for their cure. Of this we have a sufficiently clear instance in the discovery of that great specific for intermittent fevers—the Peruvian bark. For how many years did sagacious men exercise their arts in investigating the causes of these fevers? and how readily did each adapt his practice to the theory which they had respectively worked out! Yet how little such practices verified theories may be collected from what is fresh in the minds of all, viz. the habit of referring the different species of intermittents to the different redundant humours in different parts of the body and of directing the treatment towards the alteration and evacuation of them. That all this was an unfortunate and fruitless attempt has been shown in nothing better than in the success which attended the use of the bark itself" (Sydenham Soc. edit., vol. ii, p. 161).

Now, Sydenham was hampered by the humoral doctrines of the day, and had full faith in the peccant matter, and more than that, in the *vis medicatrix naturæ*, which is even a greater hindrance to sound reasoning by putting a final in the place of an efficient cause; yet his strong sense convinced him that in the discovery of specifics lay the real hope of medicine, and he was quite prepared for the discomfiture of all the prevailing theories by the action of such specifics, as happened in the instance of the Bark. We may fairly claim the realisation of his anticipation in the homœopathic practice, which is a system of specifics; and, practically, whatever theories may be put forth, even at the time of using them, the allopathic practice in gout is little else than the use or abuse of empirically found specifics.

In looking through the clinical records of the homœo-

pathic school in this disease, the results are, as yet, scanty, as it is not a disease met with in hospitals, and there are not many cases from private practice as yet published, in which the patient was watched for years. It is, besides, often confounded with rheumatism. But with the data we have I will try to arrange the medicines according to their pathological significance. In the first place there are only few in which we have evidence of correspondence with the real qualitative change which is the essence of the disease. To find that is very difficult in the healthy body as before shown, and we require clinical help to give the true reading of the minute subjective symptoms. But as in the active gout there are very many subsidiary states mixed up, it is plain that many medicines might help those specifically, and thus benefit the patient without being at all specific to the qualitative element. Therefore it is only those which have the power of eradicating dormant gout that are really specific. Tried by this test, the most of the medicines will be found only applicable to the active disease superadded in the paroxysms. There is, first, *Aconite*, which all agree is of essential service in the inflammatory fever. This medicine has no qualitative correspondence with the gout, but acts as in other inflammations, and corresponds to bloodletting in the allopathic school. After its full effect the paroxysm may subside, but the gout is not cured; it merely returns to the dormant state. The same may happen after moderate bloodletting, as in the case previously quoted, so that the mere relief of the inflammation does not show that the *Acon.* was specific for the totality of the disease. Bloodletting, however, is condemned by all in the gout as a whole; in fact, the disease being a cachexia, any draught on the restorative powers must, in the long run, be injurious. Yet, according to good observers, the good of a moderate bleeding in the highly inflammatory paroxysm counterbalances the evil in such cases. Of course, if *Aconite* can supersede loss of blood, it is infinitely preferable.

It may be objected that if *Aconite* is not homœopathic to the totality of the morbid state, why is it of use? I

apprehend it can only be so on the same principle as when it is given in ordinary inflammations before the local specific. That is, when the inflammatory fever is the predominating morbid state. When that is subdued the more complete specific will then be in its place; before that it might not have acted or been even injurious.

Afterwards we have a number of remedies whose specificity ought to be complete, but is probably only, in most, that of seat and quantitative disease, independent of gouty element. These are chosen according to their minute indications of seat and kind of action as regards conditions and description of the pain; for example, *Pulsatilla* suits the disposition to shift, the evening exacerbation, and the relief of pain from cold air; *Bryonia*, when attended with sweating; *Sabina*, *Ledum*, and *Veratrum*, the seat being in the big toe. In like manner, also, *Ranunculus*, *Actæa*, *Rhus*, *China*, *Staphysagria*, *Chamomilla*, and others are indicated and found serviceable from their specificity of seat and general action in the active disease, and have little or no pretension to cure the specific quality of gout, but merely reduce the disease to its dormant state. Other medicines find their indications in the gastric and hepatic, and other diseased states which happen to be the subsidiary exciting cause of the paroxysm by sympathy. Of these, *Antim. crudum* suits the stomach symptoms of indigestion, such as nausea, foul tongue, flatulence, diarrhœa, &c.; *Nux vomica*, similar states, especially when brought on by alcoholic excesses; *Pulsatilla*, many forms of indigestion. In short, in this category come a very large and varied series of medicines, each to be chosen according to the symptoms present at the time. Other medicines correspond to the subsidiary exciting causes originating in the cerebral system, such as *Ignatia*, *Belladonna*, &c., for mental emotion, and over-exertion of the brain. Others, again, for exciting causes from mechanical injuries, such as *Arnica*, which has, however, a limited application. Others for exhaustion by venereal excesses, such as *Phosph. acid* and *China*. In nearly all of these, also, the indications are the same nearly as if gout was not present, and we may presume the action is merely on the

coexisting active disease, according to its specificity of seat and general character. Again, *Colocynth* probably acts on the neuralgic form, *Gelseminum* on the cramps, *Pulsatilla* and *Digitalis*, &c., on the congestive forms of gout; possibly on these elementary states of disease independently of the gouty quality.

The same may be said of the medicines specific to the secondary cachexia, such as *Ferrum*, *Arsenicum*, *Cinchona*, and others.

Again, other medicines of slow and profound working have a specific action on the real qualitative disease, but probably do not correspond to the active vascular disorders; so they are only applicable in the chronic and dormant states of the disease. These are *Sulphur*, *Phosphorus*, *Calc.*, *Lycopod.*, *Silica*, *Natr. m.*, *Kali bichrom.*, and others. In this category may be also arranged the mineral waters.

Finally, there are some medicines, though as yet very few are known, which possess both powers in their physiological action, viz. the simile to the qualitative and quantitative specific morbid state in which the active disease consists. These will be specifics in both the dormant and active state, and their effect in the latter is so complete as to be recognised empirically as specifics, *e. g.*, *Colchicum* and *Veratrum*.

It is evident that it is only when there is correspondence in those elements of specificity by quality, seat and degree or quantity, that a medicine can be said to be completely homœopathic. Now, as before said, the proof of similarity in quality is very hard, and can scarcely be given through the physiological provings alone without the help of clinical evidence. The latter is very difficult to appreciate exactly, and therefore it will not be a subject of surprise that the homœopathic school have added few medicines as yet whose qualitative action is certainly analogous to gout. In epilepsy, as before said, there is no room for clinical testing of remedies during the active stage, but in gout it is otherwise, and while chance has given *Colchicum* as a qualitative specific, the homœopathic choice by minute subjective symptoms has, most probably, given us some others. Of these

I would mention *Pulsatilla,* chosen from the shifting of the pains and their character and the *juvantia.* This does not necessarily show the specificity of quality to gout, but experience has, I think, confirmed that. The same may probably be said of *Rhododendron,* and perhaps a few more; but far more extensive and accurate clinical experience will be required to confirm them than is as yet possessed by the homœopathic school. Indeed, the proper clinical study of the disease can hardly be said to be begun, but we have merely the remedies supposed to be useful from the resemblance of a few symptoms copied from one handbook into another without sufficient verification, very much in the style of the old-fashioned *Materia Medica* which the homœopathic school blame so much. An example may be instructive. From its symptoms we should expect great things from *Sabina,* and accordingly it is lauded and recommended in the handbooks. But, on searching the clinical records of its actual use, I can only find one case by Tietze, quoted in Noack and Trinks. I have no means of consulting the original, so I need not comment on it, but I would direct attention to the proving symptoms on which the choice of this medicine must rest. I quote from Stapf's *Beiträge zur reinen Arzneimittellehre,* p. 329.

342. "Podagric pain in the right big toe, which is red, shining, and swollen with violent boring-shooting pains; she could not bear the slightest clothing on it, neither the stocking, nor the bed-clothes (for it lasted several days), nor could she move the toe or the foot. Then this pain came into the right wrist, and the hand became stiff, with the same pain, and she could not grasp anything; then it came from the right into the left hand (W.)

"338. In the big toe much pain like needle pricks (Hahnemann).

"340. Tickling transient stitches in the ball of left big toe, which shake the whole body like electric shocks" (R.).

Now, the author of 342 is an anonymous prover, and the subject of it was a female, which alone (even granting its correctness) shows that there could have been no quali-

tative resemblance to gout. The others are also too slight indications to build so much on. Nevertheless, in a recent book, viz. Bähr's *Homœopathic Therapeutics*, *Sabina* is still put forward as a remedy for gout, and in this instance on the strength of its producing pains alternating between the big toe and the hand, relieved by cold, and accompanied with constant restless desire to shift the position of the affected part. This he observed in a young woman who had taken *Sabina* to produce abortion. He does not seem to see that this vitiates all qualitative resemblance, nor does it appear he ever tried it in gout. The clinical evidence for complete specificity in gout is lamentably deficient in the homœopathic school as yet; still it is most likely that several of the above medicines used in homœopathic practice really have more or less of the qualitative specificity which will be demonstrated by extended experience, which will, no doubt, also show the more accurate definition of the sphere of *Colchicum*, which we ought never to lose sight of as a complete homœopathic specific in certain cases. Sydenham seems to have erred in supposing there would be found one specific for the gout, while, according to the homœopathic law, there must be many different ones according to qualitative differences in the cases. But all of those, if given according to the rule of keeping within the physiological action, may cure the gout safely and as rapidly as is compatible with real cure.

Unfortunately it has been found that with *Colchicum* and some other unknown specifics in the hands of nostrum-mongers, by forcing the dose, the constriction of the capillaries can be brought about and the active disease too suddenly suppressed, so that many injurious consequences are produced. Now this is the allopathic as contrasted with the homœopathic use of the same specific medicines, and as a similar contrast is met with in the use of *Quinine* in ague, it will be better to postpone this question till we come to the action of *Cinchona*.

(To be continued.)

REVIEWS.

Organopathy, or Medical Progress. An Essay. By William Sharp, M.D., F.R.S. London: Turner and Co., 1867.

Dr. Sharp has earned a considerable reputation by his popular Essays on Homœopathy, and his writings, if not very profound or original, are at all events always amusing. His mind is well stored with a large quantity of queer out-of-the-way reading, which he makes admirable use of in the way of illustration, confirmative or in contrast to the subject in hand, and hence if not always instructive, he is never dull. But besides the quaint lore pervading all Dr. Sharp's essays, there is certain to creep out a most amusing vein of vanity, which leads Dr. Sharp to regard his own conversion to homœopathy as about the most important event that has occurred in the history of the reformed therapeutics—a more important event, indeed, than the original promulgation of the homœopathic law by Hahnemann, if we may judge by the contemptuous manner in which he generally alludes to the father of modern medicine. The same quality of his mind induces Dr. Sharp, in all his publications, to strain after some originality, but as his acquaintance with our homœopathic literature is but limited, what he imagines to be original discoveries of his own invariably prove to be notions that have long since been promulgated, discussed, refuted and abandoned by some of Hahnemann's disciples before the year 1850, the date, as Dr. Sharp so frequently intimates to us, of his Hegira, or flight from the allopathic Mecca to the homœopathic Medina.

The present pamphlet is by no means deficient in the

qualities that distinguish Dr. Sharp's previous publications. If we have less of the quaint book lore we have an ample supply of the amusing vanity. Thus, at p. 20, we read:

"Previous to the year 1850, several individuals in England had professed themselves disciples of the German medical reformer."

Now, when we consider that homœopathy was introduced into this country in 1835, that in 1850 it had fully half as many practitioners as it can now reckon, that its literature was even then a considerable library, that this Journal was then entering on its eighth year, and had already been enriched by the valuable contributions of many distinguished converts, that there were homœopathic dispensaries in all the chief towns of the kingdom, and that the homœopathic public was both large and influential, we cannot fail to be tickled at the inappropriateness of the expression, "several individuals," applied to the English partizans of homœopathy anterior to the advent of Dr. Sharp.

In another place Dr. Sharp fixes on the same auspicious date as the period up to which the homœopathic world remained benightedly attached to Hahnemann's dictum respecting the necessity of giving medicines in extremely attenuated doses. In Dr. Sharp's words, "he, very unwisely, I think, tied the principle to the foot of the dose." "I heard no murmurings against these 'words of the master' in 1850, but I took the liberty to protest against them for myself."

Now, every one at all conversant with homœopathic literature knows that no part of Hahnemann's teaching has been so much discussed and combated by his disciples as these very "words of the master," against which Dr. Sharp believes himself the first to protest. Before 1850, Hahnemann's posological rule and the necessary connexion betwixt the homœopathic principle and the infinitesimal dose had been frequently discussed and denied by Kurtz, Veith, Schmid, Watzke, Trinks, Elwert, Helbig, Vehsemeyer, Noack, Schneider, Wahle, Hartmann, Müller, Griesselich, Arnold, Drysdale, Black, and many others of less eminence than these. Dr. Sharp's belief that he was

the first to protest against this dogma proves his almost total unacquaintance with homœopathic literature.

Dr. Sharp's tendency to fancy himself the first to think of and to propose various points in connexion with the theory or practice of medicine, instances of which we have formerly given (vol. xx, p. 105), is most conspicuous in this pamphlet, where he seeks to supersede homœopathy even to its very name by, as he imagines, a bran new system of medicine, which he terms *organopathy*. That he believes he has made a most important discovery is evident from the flourish of trumpets with which he announces it in his preface, which we subjoin:

"The mariner's compass is a fact in science and a guide in art. It is acknowledged that medicine owns nothing comparable with this. No single fact is known in the science which is a general guide in the art.

"It must also be acknowledged that the discovery of a fact in medical science which may be such a guide in medical practice would be the greatest of all discoveries in the science, and the best of all gifts to the art.

"The writer of the following pages believes that such a fact has been discovered, and that such a gift has been bestowed.

"He may be mistaken, he lays no claim to infallibility, he desires to express his belief with modesty; but it is his belief, and he would fail in his duty if he did not with all sincerity and earnestness make the avowal.

"He addresses the Medical Faculty throughout the world, and he calls upon every member of this Faculty to give the subject a patient and practical investigation," &c.

Now let us see what is this wonderful discovery likened to that of the mariner's compass, and here revealed to the "Medical Faculty throughout the world."

We give it in the author's own words:

"The organs which are affected by different diseases must be discovered by observations on the sick.

"The organs which are affected by different drugs must be discovered by experiments on the healthy.

"By these observations and experiments the mutual con-

nexion between diseases and drugs is made known. This was the 'missing link.' From this knowledge, a therapeutic rule, based on nature, is possible, and may be thus expressed :—

"*Drugs to be remedies must affect the same organs as the disease affects.*"

"This is *Organopathy.*"

Whatever be the value of this supposed discovery of Dr. Sharp's we are sorry to have to inform him that he must waive all claim to originality respecting it, for to the very name it is identical with a portion of the system of Rademacher, who did not claim to be its inventor, but ascribed it to Paracelsus.* But Rademacher's "organ-medicines" † (*Organheilmittel*) only formed one half of his system. Besides diseases which could be referred to a particular organ and their corresponding remedies, Rademacher, or Paracelsus, or both, recognised another class of diseases which apparently affected the whole system, and were not localised in any particular organ. For these he had a corresponding set of remedies, which likewise acted more generally on the system than his "Organ medicines." These he called "Universal medicines" (*Universalheil mittel*).

Now, we are far from saying that because a system is old, and may be proved to be enunciated by Rademacher, or even by Paracelsus, it is therefore bad, and we would be the last to condemn any one for combating Hahnemann's views, or endeavouring to substitute something better for them. But independent of its want of originality, we believe that Dr. Sharp's proposal to supersede homœopathy by what he calls, queerly enough, "organopathy," to be, in place of "real progress," a most decided step backwards, and the abandonment of a sound practical rule for a speculative and uncertain method, which would deprive therapeutics of all

* See Rademacher's *Erfahrung's Heillehre*, Bd. I, p. 88 *et seq.*

† Rademacher and his followers set about proving medicines in order to discover their elective affinities for the various organs. The results of some of these provings we have from time to time recorded in this Journal.

the certainty which they have obtained by the adoption of Hahnemann's homœopathy.

The objections to the so-called *organopathy* of Dr. Sharp will be apparent to the most casual observer. Most diseases do not appear to be localized in any one organ, or if they are, it would puzzle Œdipus himself to tell which was the organ whose derangement caused the array of symptoms they present. And the same may be said of medicines, that their action is not localized in any one organ, but involves many organs. Let us illustrate the difficulties of an organopathist in his treatment, say of the disease diabetes mellitus. The characteristic symptom, which is the urine loaded with sugar, he may consider to be owing to disease of the urine-excreting organ, the kidney. But some great authority will tell him he is wrong, and will offer him many reasons for ascribing this characteristic symptom to an affection of the blood. But lo! another great authority maintains aud argues that it is owing to an affection of the stomach. Stop! cries a third, I can prove to you that it is owing to a derangement of the liver. A fourth steps in, and insists that it is caused by an affection of the brain, and to prove the truth of his theory, he scratches the floor of the fourth cerebral ventricle with a pin, and behold sugar appears in the urine. In the midst of this conflict of opinions, how is our puzzled organopathist to select his remedy? Is he to choose a kidney, stomach, blood, liver or brain remedy? (supposing always he has succeeded in discovering the medicine appropriated by each of these organs, which will be an equally hard task).

While he is debating this question with himself, the homœopathist cries out to him: Why puzzle your head with a search after the undiscoverable proximate cause? Search your materia medica, and find a drug which presents a precisely similar array of symptoms to those of the concrete case before you; depend on it, this medicine acts on precisely the same organs, and in precisely the same way, as the disease, and is the remedy for your disease. A search for the primarily affected organ may be interesting

to the physiologist and pathologist, but can in no way help you to cure, for after all, your opinion as to the seat of the disease is hypothetical, and your conclusion as to the organ or organs acted on by the medicine is also hypothetical, and the chances are that you are wrong in both cases. In abandoning homœopathy for organopathy you are giving up a steady guiding light, which would lead you with the greatest possible certainty to the right remedy, for a mere *ignis fatuus* of a hypothesis which will most undoubtedly land you in a quagmire of difficulty and doubt.

The homœopathic way of ascertaining the totality or complete picture of the symptoms, includes the investigation of the seat of the disease when that can be discovered, but it includes also many things besides. We know that various morbid states may have the same seat, but we have to discriminate between these different morbid states; diarrhœa, dysentery and cholera, may be roughly said to have the same seat, but what utterly different morbid states they are! Simple bronchial catarrh, how much does it differ from whooping cough, and yet their seat seems to be identical; the skin, the fauces, the conjunctiva may be affected by many different morbid states. Many medicines have a greater affinity to the genital organs than *Mercurius*, and yet are surpassed by that remedy in specific power over venereal ulcer. Again, in many general diseases whose seat we do not know, or whose seat is general, and not local, we can quite well recognize the distinct species of the disease, *e. g.*, intermittent and other fevers, gout, rheumatism, scurvy, syphilis, hysteria, &c. All these points of specificity require corresponding points of knowledge in the medicine, and the seat is only one of those points which homœopathy no more neglects to take notice of than she does any other clearly ascertainable symptom; therefore organopathy is contained in homœopathy, and separated from homœopathy bears the same relation to the complete art of medicine that a truncated and mutilated limb does to an entire statue. Organopathy deals with one symptom only—the seat, or supposed seat of the disease—and errs as far on the objective side as the characteristic-symptom-hunting of the self-called

Hahnemannists errs on the subjective side of therapeutics. To practise aright we must consider the "how" as well as the "where" in respect both of disease and drug, and exclusive devotion to either will infallibly lead us astray.

That the representation of organopathy we have given is not overstrained we shall show from Dr. Sharp's own account of it. Among the advantages he ascribes to it he says:

"*It recognises local action.* In Hahnemann's *Materia Medica Pura,* symptoms are put down as belonging to every organ, and produced by every drug. He has overlooked this very obvious property of drugs, and has attributed to them a sort of general or universal action. It seems to me impossible to prescribe medicines at all, either according to the practice of the old school or to that of the new, except by taking advantage of the partial or local effects produced by all drugs.

"*It prevents the accumulation of useless symptoms.* This accumulation of symptoms is a growing evil. Already many drugs have more than a thousand symptoms attached to them in the provings; these no memory can retain. Every new experiment adds to this number, and increases the labour of prescribing, and the perplexity attending the selection of a remedy. On the plan now recommended, every proving which decides the locality of the action of a drug is a definite gain; hundreds of recorded symptoms may be blotted out as useless; and to the medical man skilled in pathology and diagnosis, the toil and difficulty of prescribing is greatly diminished."

At page 33 Dr. Sharp gives us what we presume is a specimen of his notion of a new materia medica, weeded of all the "useless symptoms." He only gives us twelve medicines, but we have no doubt he could easily supply us with a complete list of all Hahnemann's remedies similarly melted down in his organopathic crucible, until nothing but a caput mortuum remains, as in the following instances:

"*Gold* acts on the brain and the bones.

"*Silver* on the joints, their ligaments and cartilages.

"*Copper* on the muscles, producing cramps and convulsions.

"*Lead* on the muscles, producing paralysis.

"*Antimony* on the stomach, bowels and lungs.

"*Bismuth* on the spinal chord, heart and alimentary canal.

"*Opium* acts on the brain—the venous circulation.

"*Belladonna* on the brain—the arterial circulation.

"*Nux vomica* on the spinal chord.

"*Aconite* on the heart and arterial circulation.

"*Digitalis* on the heart and kidneys.

"*Aloes* on the rectum."

"It is not meant," he observes in a note, "that these are all the organs acted upon by the twelve drugs here named." Then why, would we ask, give this as a specimen of "the appropriation of individual drugs by particular organs?"

Would it not have been better to take one drug and tell us the precise organ or organs it is appropriated by? In the above illustration we can see no superiority, indeed a marked inferiority to the properties ascribed to drugs in any ordinary materia medica of the old school.

And this is the sort of thing for which Dr. Sharp would have us discard all the labours of Hahnemann and his illustrious disciples! Why Hahnemann himself exposed the utter futility of a materia medica constructed on such a plan over and over again. In an essay published by him as early as 1796,* he gives an account of the affinities of many medicines for different organs of the body that would put to shame Dr. Sharp's meager illustrations. And yet Dr. Sharp, from the serene height of his own sublime conceit, affects to look down on Hahnemann, represents him in this very essay as having "a visionary, unscientific mind," and asserts that "homœopathy, as represented by Hahnemann, is vague, indefinite, and unproved!"

Dr. Sharp undoubtedly possesses a good deal of out-of-the-way knowledge of old medical and other writers, and when he writes on a subject he understands he is amusing and instructive; but there is one thing which pre-eminently disqualifies him for a teacher of homœopathy, and that is

* See *Lesser Writings*, p. 295.

his almost total unacquaintance with homœopathic literature. With the exception of the *Organon* and the *Materia Medica Pura*, he knows nothing about Hahnemann's writings, and his knowledge of the writings of Hahnemann's most eminent disciples seems to be almost nil. We would strongly advise him, before again appearing as a critic of Hahnemann and a reformer of homœopathy, to supply these defects. We shall then be spared the pain of seeing one who has the repute of a distinguished partisan of homœopathy committing himself by publishing as original some of the crudest fancies respecting therapeutics, fancies which have been promulgated and exposed long before Dr. Sharp turned his attention to the new system.

No doubt a better acquaintance with the subject he professes to teach would make Dr. Sharp heartily ashamed of the exploded fallacies he wishes to take credit for, as if they were truths of his own original discovery, and hence he might prefer to remain in his present fool's paradise of complete ignorance, but we would hope for the sake of the cause we have at heart, that Dr. Sharp will not write more about homœopathy and Hahnemann until he knows a good deal more about them.

It appears to us as if Dr. Sharp, like the famous German professor with the camel, had evolved a history of homœopathy out of his own inner consciousness.

The following seems to be about his idea of the subject: The homœopathic principle of therapeutics was stumbled on by a "visionary, unscientific" German, called Hahnemann, or some such name. The homœopathy of this poor creature was a "vague, indefinite, and unproved" mode of treatment. "Several individuals in England"—none of them worth naming—"professed themselves disciples of the German reformer" before 1850, but in that eventful year Dr. Sharp turned his attention to it, and speedily compelled homœopathy "to give an account of itself." He discovered that the homœopathic principle was no way connected with the infinitesimal dose—a discovery that had already been made and insisted on by fifty writers in Germany and England, though Dr. Sharp was quite unaware

of the fact. He likewise discovered (see *Reply to Sir Benjamin Brodie*) a rule for the dose—identical with that proposed by Dr. Hering in 1846, and subsequently adopted with some modification by Drs. Madden and Hale long anterior to Dr. Sharp's appearance among the homœopathists. But Dr. Sharp's greatest merit consisted in his revolutionary reform of homœopathy, whereby the "vague, indefinite, and unproved" system of the "visionary and unscientific" Hahnemann was upset and superseded by *organopathy*, with its therapeutic rule: "*Drugs to be remedies must affect the same organs as the disease affects.*" It so happens that this rule is identical with the therapeutic rule of Rademacher, who traces it back to Paracelsus himself, and that it has been over and over again shown to be insufficient by Hahnemann and many of his disciples, and so far from being "a step in advance," as Dr. Sharp imagines it to be, is a plunge backwards into obscurity and uncertainty.

As a popular exponent of some of Hahnemann's doctrines, Dr. Sharp has acquired a not unmerited reputation, but when he sets up to be a disparager of Hahnemann and a reformer of homœopathy, and particularly when he plumes himself on original discoveries in connexion with therapeutics, he makes a ludicrous failure. Dr. Sharp's organopathy is infinitely more "vague, indefinite, and unproved" than Hahnemann's homœopathy, which every one acquainted with it will acknowledge to be precise, definite, and thoroughly proved; and Dr. Sharp's ignorance of the writings of Hahnemann's disciples and of the works of modern system mongers, combined with a "visionary and unscientific" mind, leads him to announce as his own discoveries fancies which were long ago suggested to minds similar to his own, and which were satisfactorily refuted long before Dr. Sharp turned his attention to homœopathy.

It is with regret that we feel compelled to animadvert so strongly on this essay of Dr. Sharp's, but we could not do otherwise, for we are convinced that if Dr. Sharp's views were to prevail, they would prove the grave of therapeutics, and we should be sorry indeed if they were to be accepted

as an authoritative exposition of "medical progress" among any considerable section of Hahnemann's disciples.

The Homœopathic Medical Directory of Great Britain and Ireland and Annual Abstract of British Homœopathic Serial Publications, 1868. London, Turner, 1868.

This excellent annual is indispensable to every homœopathic practitioner, and is also calculated to be of great advantage to homœopathic patients. We need say but little about it, as it is doubtless in the hands of all our readers, or if not it ought to be.

CLINICAL RECORD.

Cases reported by Dr. O'Brien, of South Shields.

Case 1.—Mrs. —, æt. 32, married, has had a family of six, has been suffering from ulceration of the os uteri for the last three years, and deriving no benefit from a prolonged course of allopathic treatment, sent for me. On vaginal examination I found the os studded with numerous ulcers, secreting pus; tongue thickly coated, white; nervo-bilious temperament; expression of face cadaverous; pulse 72, weak; menses regular; patient complained of a sense of intense prostration and occasional feeling of sinking at the epigastrium, loss of appetite, loathing of animal food, and periodical colicky pains in the stomach and bowels (occurring three times weekly) ending in diarrhœa.

On the 25th October I prescribed *Ars.* 3rd dec. ter. in die, *Antimon. crud.* 3, pulv. mane et nocte. On the 2nd November, I again saw the patient; there was no marked improvement in the vaginal secretion, which was still copious; the only change was a diminution in the sense of prostration, and the sinking at the epigastrium was better. I now gave *Kreos.* 3rd dec. ter in die, *Merc. corr.*, 3rd pulv. mane et nocte, and under the use of

these two medicines this patient has made a rapid recovery. The vaginal secretion was checked in one week after I had begun them; the diarrhœa became less frequent; the colour of the skin indicated an improvement in the functional power of the liver, and in six weeks from the 2nd November, I made a vaginal examination, and had the satisfaction of finding but one small ulcer. I now gave an injection of *Hydras. can.* to be occasionally used, and in one month after that date I dismissed the case as cured.

Rupia Syphilitica.

Case 2.—A mariner, æt. 25; bilious temperament; contracted syphilis two years ago; the rupial sores became developed in great numbers all over his body during the last eight months; there was a corresponding depression from the number and extent of secretion. He had been several months getting dispensary advice in connection with the Newcastle Infirmary, but getting too weak was unable to go up any longer. I gave *Phytolacca* 1st dec., and in fourteen days most of the crusts dropped off, exhibiting healthy ulcers, which soon healed.

Gonorrhœa.

This disease I have treated with *Gels.* 1st dec., drop doses every two hours, and out of thirty cases I cannot report one unsuccessful; the disease, in the majority of these cases, being cured in about ten days at the furthest.

In spermatorrhœa I can report two cases successfully treated by *Gels.* 2 dec., but where the condition was complicated with diuresis, I found a dose of *Sulphur* 3 at bedtime a useful auxiliary.

*Spondylitis.**

Communicated by Anton Starke, Master of Surgery and Midwifery, practising medicine at Pesth.

In December last year (1866) in a house where I am intimate and often consulted, I heard of a poor family, one member of which, a girl of sixteen, had long been ill of spinal disease, and her case declared by their physician to be hopeless, not only on account of the advanced stage of the disease, but because,

* From the *Allg. Hom. Zeit.*, Band. lxxv, No. 26, December, 1867.

according to his verdict, those conditions could not be fulfilled under which alone a cure could take place. Although she had, previous to the outbreak of the spinal disease, been tortured by cough and pains in the back, she still continued to exert herself, until fever and debility came to such a pass that she could hardly leave her bed.

For two months, *i. e.*, ever since a physician was called in, the patient had been medically treated; since that time she had complained of violent pain in the region of the last cervical and first dorsal vertebræ, the pain being of a *boring* character. She also felt drawing pains in both shoulder-blades and the whole course of the spine; she could not hold her head upright without supporting it with either hand. The allopath who was treating her and had only seen her once, prescribed powders and salve to be repeated continually. The powders, of which I only found a few at my first visit, might, from my examination by tasting them, consist of quinine and rhubarb. The disorder, however, was not only no better, but had also become more painful.

Her present state was as follows:—Hermine B—, æt. 16, middle-sized, with frame a good deal emaciated, cheeks reddened, chest rather flat. Though a slight dry cough had set in a long time before, yet physical examination of the lungs and heart afforded no positive result; percussion sound of the liver and spleen normal, abdomen distended, but not painful; secretion of urine somewhat suppressed; stools sluggish. She complains of boring pains in the region of the last cervical and first dorsal vertebræ; besides which the pains extend through the shoulders, often quite to the ribs. At times her arms feel as if they were asleep, and her head so heavy that it gives her considerable relief when she can support it with her hands. She is so weary that she spends most of the day in a half lying posture; appetite more developed; thirst also increased; menstruation has ceased for two months.

By inspection of the spot which she points out as the seat of pain, it appears that the spinous processes of the seventh cervical and first three dorsal vertebræ project considerably; testing with the finger also shows them to have, on the whole, a greater bulk than those of the neighbouring vertebræ; when they are pressed, she complains of greater pain; otherwise, neither the skin over them is altered, nor does a closer examination discover any abnormal hardness. Fever generally sets in during the morning hours, and

increases in the evening; the temperature of the body is raised, and in particular the palms of the hands feel hot, the skin, too, being dry; spirits much depressed. Pulse 104.

According to my judgment, there was inflammation of the vertebræ, which, by further development and continuance, might put the poor girl's life in jeopardy.

The medicines hitherto employed were not suitable, nor was her insufficient and meager food calculated to support the patient's stamina; so there was every prospect of these painful sufferings bringing her joyless existence to a close, if her previous circumstances should remain unimproved.

It was, therefore, necessary—first to procure, through benevolent aid, strong nourishing diet, and then for me to employ the medicine that best corresponded to the circumstances, in order to arrest the morbid process as soon as possible. As soon as the former desideratum was provided, I proceeded to the choice of the needful remedy. I selected *Calc. carb.* as corresponding to the predominant morbid indications. Next to this in pathogenetic symptoms, came *Causticum*. The symptoms of *Calc. carb.* corresponded to most of the above stated. The most important ones are, according to Hahnemann's provings in the *Chron. Krankh.*, as follows:

1. Melancholy and dejection.

576. Bulimia.

714. Hardness of the abdomen.

801. Scanty, hard stool.

1149. Painful stiffness in the spine, with sluggishness and stiffness of the legs.

1158. Stitches in the back and in the left shoulder-blade.

1160. Drawing, tearing and cutting between the shoulder-blades.

1166. Painful jerking in the right side of the back.

1175. Stitch in the nape and shoulder-blades, &c.

The action of *Calc.* was recognised in similar diseases, even by old celebrities of the allopathic school, who knew its value better than recent physicians of that class. Dr. Koch says of its action (Noack and Trinks, *Hom. Arzneimittell.*) "*Calc.* does not stand in direct relation with any organ in particular, but calls forth a morbid action in certain systems, and, in fact, such as, by virtue of their organic structure, either invest other organs, or else form canals and cavities, viz. the membranous and fibrous

systems. It acts especially on the mucous membrane, on the fibrous, osseous, and nervous systems; on the serous coats, on the venous (but also on the lymphatic) system of the abdomen, and also on the skin." It is, therefore, evident that it is one of the most important remedies in diseases of the reproductive system.

Guided by these considerations I prescribed *Calc. carb.* 3rd trit., one grain night and morning daily. Besides this, in order first, to stimulate the peripheral nerves of the dermoid system, and secondly, to restore the secreting power of the skin, I ordered them to wash the whole body with water at 15° to 18° Reaumur (47° to 50° Fahr.) and to walk her about, with support, in a warm room (which, however, had to be ventilated previously). This, every other day, in the forenoon.

Meanwhile the family were supplied with proper nourishment and clothing, as well as fuel; so they could calmly and trustfully wait for the restoration of their dear child to health.

Now, though this could not be the work of a few days, yet even in a fortnight the amendment was already surprising. Not only the dry cough, which had hitherto distressed the patient, but also the fever diminished day by day; so that I could suppose the progress of inflammation, though not completely arrested, was yet no longer what it had been when she was first treated for it. In the course of another month her condition was so much changed for the better that the head no longer needed support, and the pains in the back only returned on pressure. The patient looked better, and could walk about the room unsupported; also her spirits had become more cheerful and lively. On the epigastrium and both arms, as well as the nape, a slight eruption had formed a short time since, which only itched a little, causing otherwise no further trouble. From that time forth I gave *Silic.* 30, five globules every other day, and continued that medicine to the end of the treatment, *i. e.*, to the end of May, at which time the patient was so far recovered that she could go out, which I strongly recommended in her weak state. No trace of the disease was ultimately left, except that she held her head a little bent. But I hope that by the exercise of energetic will on the part of the patient, even this will disappear.

A Characteristic Symptom of Asarum Europeum.

"142. Scanty, yellow mucus stool, in one string" (*Materia Medica Pura*, p. 90). A woman, two months after confinement, from which she made a slow recovery, having had profuse and prolonged lochia, followed by tenacious leucorrhœa, applied for a prescription for "dysentery," saying that she had stools of mucus with pain in the belly. She took *Mercurius* and *Pulsatilla*, each a few days, but without benefit. I now insisted upon a more definite description of the stool, and was shown one of three or four which had occurred that day. It was a long, yellow, twisted string of inodorous mucus. Three doses of *Asarum* 2 cured the case; she had but three or four such stools after the first dose.

A woman, four months after confinement, complained of pain in the region of the descending colon, with fæcal discharges coated with mucus. *Podophyllum* 2 was given. In three days no fæcal discharges occurred, nothing but long yellow, tenacious strings of mucus (inodorous). Six pellets of *Asarum* 3 after each stool arrested them in two days.

A second attack occurring in the same lady, after a cold, three months after, was cured promptly with *Asarum* in the same doses.

These three cases are quite sufficient to establish the reliability of this symptom as a "characteristic" of *Asarum*. Was it only a coincidence that they occurred after a severe confinement? or does the intimate relation which *Asarum* holds to the generative organs have anything to do with the condition cured? It is notable that the tenacious yellow leucorrhœa in Case 1 disappeared with the intestinal blenorrhœa.

It may be well here to compare this symptom of *Asarum* with similar ones belonging to other remedies.

Ammonium muriaticum has "discharge of glairy, tough mucus, with stool" (the peculiar shape of the *Asarum* stool is wanting).

Dulcamara "white mucous diarrhœa" (not sufficiently definite to be a good indication).

Graphites (1.) Knotty stool; the lumps being united by mucus threads, even after the stool is expelled, there is yet some mucus about the rectum.

(2.) Stool of the size of *Lambrici*.

(3.) A quantity of white mucus is expelled with stool.

(4.) Reddish mucus is expelled with stool.

Each of the four symptoms differs from the *Asarum* symptom.

Did the stool in No. 2 consist of a string of mucus, or was it fæcal matter?

Hamamelis—"Natural stools covered with mucus."

Podophyllum—(1) Muco-gelatinous stools, preceded by severe griping and nausea; (2) dark yellow mucus, which smells like carrion; (3) stools covered with shreds of yellow mucus.

Although, having a close similarity, there is sufficient difference observable between these and the *Asarum* symptoms. The mucous stool caused by *Asarum* is inodorous, that of *Podophyllum* nearly always fœtid. Symptoms—(1) has a gelatinous appearance; and (2) is mixed with fæces.

Colchicum—"Frequent evacuations of transparent, jelly-like mucus, relieving the colic" (this resembles the gelatinous mucus of *Podophyllum*, *Copiava*), "white diarrhœic stools in the morning." I have cured several cases of intestinal catarrh, in which the white mucous stools occurred in the morning; the mucus is not in "one string" as in *Asarum*, but comes away in larger masses, and is not as tenacious.

Other remedies might be mentioned, but enough has been cited to illustrate the importance of individualizing each case, and selecting the medicine, not from a vague pathological indication, but from its peculiar or characteristic symptom resembling most closely the characteristic symptom of the disease. It matters not whether that symptom be objective or subjective, if the drug-symptom and the disease symptom correspond, we shall have a rapid and brilliant cure.—(Dr. G. M. Hale, *in American Journal of Homœopathic Materia Medica*).

MISCELLANEOUS.

On the treatment of Gonorrhœa with Kali hypermanganicum.

By Dr. BRESGEN, Breslau.

My happy experience of the employment of *Kali hypermang.* in blennorrhœa of the ears led me, two years ago, to think of trying it in gonorrhœa also; as every physician knows but too well by experience how often and how obstinately this disease defies all the remedies employed, and thus becomes a veritable *Crux medicorum, imprimis militarium.*

The therapeutic result of my experiments on 92 cases was, statistically, as follows:

No. of cases.	No. of injections.	Degree of concentration of injected solution.
3	4	1 gr. v. ad ℥j
4	2	1 „
6	3	1 „
4	4	1 „
5	5	1 „
1	6	1 „
10	2	1 gr. j, ad ℥j
15	3	1 „
21	4	1 „
11	5	1 „
7	6	1 „
4	7	1 „
1	8	1 „

In the inflammatory stage I apply nothing at all locally for twenty-four, thirty-six or even forty-eight hours, but give internally soothing remedies (as *Emulsion of almonds, Decoction of Marshmallows*, &c.), and to increase the diuresis allow plenty of water, or even give a gentle diuretic besides, with mild diet and rest.

If painful erections occur, I give *Lupulin* with *Camphor.*

* From the Monatsblatt to Bd. 76 of the *Allg. Hom. Zeit.*, January, 1868.

If any circumstances induce me to resort to the "Coupiren-methode," *i. e.*, to cut the disease short, I then inject a solution of *Permanganate of potassa* (gr. v ad ʒj Aq. destill.). Yet I am not partial to this method, because it causes violent burning pain, and also is only suitable for quite recent cases. Besides the name "Coupiren-methode" is not strictly applicable, since some cases, as appears by the statistic table, are almost as tedious as with the weaker solution. Still, I do not set down my judgment as satisfactory, on account of the small number of cases thus treated. Unfavourable casualties, such as the extension of the inflammation to the prostate gland; neck of the bladder and testes; or strictures, &c., I have never seen after this mode of treatment. I prefer using the solution of the *Kali hypermang.* gr. j, Aq. dest. ʒj, and always attained the desired effect even more certainly, though perhaps two or three days later.

Certainly I never saw the discharge cease entirely after a single injection with this solution. At first I used to inject three times a day, but found that morning and evening answers better: nay, I have observed various cases where a single injection per day, or even every other day, acts most effectually. One must here (as usual in the practice of medicine) individualize, and will then soon find, by keener and more exact observation, the most suitable repetition of the injection.

In the main, two injections per day morning and evening appeared most beneficial. The number of injections and the strength of the solution are modified according to the age of the disease; the more recent, the fewer but so much the stronger injections are required for a perfect cure *cæteris paribus.* I have never considered more than eight injections of the weaker solution needful (two per day). It is necessary, as usual in injecting the urethra, that the patient should pass urine just before each injection.

After the cessation of the discharge, I release the patient from treatment, directing him to observe a mild diet and drink plenty of water for a week longer. If these rules were observed, I never had to complain of relapse; no, not even the "goutte militaire" of the French. Nor have I seen strictures after the employment of this remedy. I ascribe the efficacy of the *Kali hyperm.* less to its astringency than to a specific chemical action on the tissues; probably by the development of Ozone.

I venture therefore to recommend most warmly the employment of *Permanganate of potassa* for gonorrhœa, on the fullest conviction, and after the most scrupulous and exact observations. *Med. Centr. Ztg.*, 1867, 98.)

Sewing Machine for Invalids.

The objections urged against the use of sewing machines by ladies in delicate health are chiefly three. 1. The considerable muscular effort required to work them. 2. Their complicated construction, which makes their management difficult and perplexing. 3. The great noise made by the machines in motion. These defects of most of the sewing machines in use have been successfully overcome by the ingenious Willcox and Gibbs' Sewing Machine. In this machine the treadle goes with extreme ease and causes but little effort to the worker. The construction of the sewing part is extremely simple and not liable to get out of order, and is easily managed. Lastly the noise is reduced to a minimum, so that it causes, even when urged to its utmost velocity, only a rather pleasant humming which does not in the least interfere even with reading aloud or speaking. We have had one of these machines in our house for more than a month, and can speak for its excellence and suitability for invalids. Of course we could not counsel the use of a sewing machine to ladies in an advanced period of pregnancy, but whenever an invalid may resort to the use of a sewing machine we would prefer their use of Willcox and Gibbs'.

Pendency of the Epiglottis.

At the meeting of the Anthropological Society of London, of the 4th February, Sir Duncan Gibb, M.D., read a paper on the above subject. For some years past he had been engaged in investigations by means of the laryngoscope, in the course of

which he had examined the throats of upwards of 4000 Europeans either in perfect health or at all events not suffering from any ailment of the vocal or respiratory organs. In addition to these he had examined the throats of upwards of 250 healthy natives of Asia and Africa.

The result of these observations as regards the position of the epiglottis is as follows: Among the 4000 and more Europeans the epiglottis when examined stood upright at right angles with the glottis, and completely away from it in the vast majority of cases. But in 11 per cent. of the number the epiglottis lay upon the rima glottidis or partially covering it, and thus preventing the expired air passing directly and freely upwards. In such cases it was noticed that the subject of examination could speak distinctly, though with rather a low pitched voice, but was unable to sing or that only very imperfectly. In all the Asiatics and Africans Sir Duncan examined, the epiglottis was found to be in the pendant state, that is to say, covering the glottis more or less completely as in the 11 per cent. of Europeans.

Sir Duncan went on to say that he considered the upright to be the normal position and the pendant to be an abnormal or pathological state, and his belief was, though he adduced no figures in proof of this, that this pendant condition predisposed its possessor to sore throats, diphtheria, and other throat affections, and increased the danger of these diseases.

Now without accurate statistics we cannot attach any value to Sir Duncan's impression that a pendant epiglottis predisposes to throat disease, though we may admit that this position of the epiglottis may render inflammatory attacks of the throat more serious and dangerous.

The points of importance in his observations seem to us to be these: Those Europeans in whom the pendency of the epiglottis was observed had no singing voice. Again, the Asiatics and Africans examined showed invariably this position of the epiglottis, and though the number examined, about 250, did not satisfy Sir D. Gibb that this was the normal condition of the Asiatic and African races, we think that it may fairly be concluded to be so. Now it is well known most, if not all, Asiatic, African, and even American tribes have no singing voice, or at the most a very imperfect one, and that they are incapable even of shouting so loudly as the European races.*

* The celebrated war-whoop of the Red Indian is produced by striking the

Such being the facts, the inference we would draw would be quite different from the conclusion arrived at by Sir Duncan Gibb, that the pendant state of the epiglottis was a pathological condition. On the contrary, we would no more pronounce it to be morbid than we would ascribe that character to curly or straight hair; to fixed or immovable ears; or to a taste or a distaste for music. The upright position of the epiglottis we would say is its normal condition in races which have the faculty of singing, the pendant position, the normal condition in races which are destitute of this faculty; but which is the normal state for the whole human race—if there be such a normal state—we cannot decide. It is just probable that the epiglottis in the European races has acquired an upright position from their assiduous cultivation of singing for so many centuries, and that this acquired position is now, according to a rule well known to the followers of Darwin and stockbreeders, transmitted in the majority of cases to their posterity; though it is observed that a certain per-centage are born with the pendant epiglottis, just as it is well known that the descendants of animals every now and then reproduce features of their ancestors, as for instance, among the various breeds of pigeons, an individual is occasionally born with the black bar on the tail, as noticed in the blue rock pigeon, from which all the breeds are descended; or as our domestic horse occasionally exhibits the stripes of his remote ancestor.

Or it may be the other way, viz., that the upright is the proper condition of the epiglottis, and that its pendency may be caused by long-continued neglect to cultivate the vocal organs; just as the similar cartilage of the ear assumes a pendant position in many races of dogs from their want of cultivation of that fine hearing which is so necessary to their wild progenitors, whose ears are invariably upright. Or again, as the ear in civilised man rarely maintains the mobility it possesses in savage tribes, for precisely the same reason.

We would then, supposing the observations of Sir Duncan Gibb are completely corroborated, be inclined to say that the position of the epiglottis was a racial distinction, being as a rule upright in those races who possess the faculty for singing, and being pendant in those who are oppositely situated. The small per-centage of pendant epiglottis in the European races—if the

hand rapidly on the open mouth, and owes little of its noise to the action of the larynx or vocal cords.

apparent pendency in them be not owing to a sort of spasmodic action of the epiglottis produced by the examination with the laryngoscope—only proves the truth of this idea, for Sir Duncan Gibb found that such persons were devoid of the power of singing.

On the Indication of Senega for Pleural Effusion, Ascites, Hydrophthalmia, Anasarca; and on the use of Alcoholic Drinks in Acute Diseases. By Dr. GALLAVARDIN, of Lyon.*

I. To the medicines already justly recommended for pleural effusions, *Bryonia, Cantharis, Arsen., Hepar sulph., Sulph., Kali carb., Merc., Squilla, Lachesis,*† we must add *Senega.*

This medicine is in fact as efficacious as the preceding, and sometimes even more so, as the three following observations seem to show.

OBS. I.—*Pleurisy in a latent form; failure of Cantharis and Arsenicum. Cure by Senega.*

Miss X—, aged about 30, is of small stature and poor constitution; her eyes are large in proportion, with the pale thin face of a phthisical or highly anæmic female.

She called me in on the eighth day of her illness, not knowing the nature of it, nor having kept her bed.

Diagnosis.—Pleurisy in a latent form. Dulness in the lower three fourths of the right side of the chest; ægophony of the same side towards the upper part of the lung. Pulse 110.

8th day of disease.—Pulse 110. Prescription, to go to bed immediately, and take *Cantharis* 15 every hour.

10th.—Pulse 95. *Canth.* 15.

15th.—Pulse 100. The pleural effusion not having at all diminished, I prescribed *Arsen.* 30 every hour.

17th.—Pulse 80. *Arsen.* 30.

19th.—Pulse 84. The effusion undiminished. *Senega* 4, every hour for six days.

* From *L'Art Médical*, February, 1868.

† See the interesting article on "Pleurisy," published by Dr. Miliers, in vol. xxvi of *L'Art Médical.*

From the first days of administering this medicine, the effusion began to diminish, and the pulse to lower.

25th.—The effusion now only occupies the lower third part of the right side. To hasten the cure I prescribed *Senega* 1 every hour.

30th.—No effusion remaining. In order to remove false membranes or thickening of the pleura consequent on the pleurisy, I prescribed *Senega* 1, for ten days more; which had the desired effect, and thus established normal respiration.

I borrow the three following observations from Rueckert's *Klinik*.

Obs. II.—*Pleuro-pneumonia in the Left Lung, in a man of sixty. Failure of Bry., Cure by Senega.*

At first *Bry.*, *Acon.*, *Bell.* had been given. The lancinating pain had completely disappeared, but there was still some oppression left; expectoration was without blood, but very difficult, and his strength much reduced. Prescribed *Senega* 27. In the evening he is covered with cold sweats; pulse very small and wiry; oppression so great that he has to sit upright constantly; mucus stagnating and rattling in the chest. Prescribed an infusion of two drachms of *Senega*. From the next morning he was out of danger, his strength increased, expectoration easy, the oppression diminished, and soon after he was quite well.—Dr. Strecker.

Obs. III.—*Hydrothorax* and *anasarca* after miliary fever in a little girl of thirteen. Failure of *Bry.*, *Rhus*, *Hellebore*, *Dulc.*, *Scilla*, *Sulphur*, *Arsen.* Cure by *Senega*.

On the fifth day of the miliary fever, desquamation commenced.

6th.—Œdema of the face and extremities, *Bry.* and *Rhus* without any effect. The anasarca extended from the extremities to the abdomen, and invaded the labia majora; ascites. Prescribed in succession *Helleb.*, *Dulc.*, *Scilla*, *Sulph.*, *Arsen.* and cold lotions, all in vain.

The oppression increased; rhoncus in the chest, hydrothorax. *Senega* 12 night and morning. After the second dose, urination increased, and continued to do so after each dose.

7th.—The hydrothorax disappeared. Then hemiplegia ensued, which gave considerable trouble to the physician in attendance.—Dr. Lorbacher.

Obs. iv.—*Hydrothorax and ascites after scarlatina in a little girl aged* 5. *Cured by Senega.*

On the sixteenth day of the scarlatina, after a chill, œdema (query *where?*) and croup cured by *Acon.* and *Spong.* Three days after, *anasarca, ascites, hydrothorax*, hoarse and feeble cough, with little expectoration. *Senega* 12 morning and evening. After the fourth dose, urination increased, sufferings of the chest diminished; hydrothorax cured on the fifth day, and the anasarca on the tenth. Dr. Lorbacher.

II.—Here I make, *en passant*, some reflections on the use of alcoholic drinks in acute disease, having had occasion to employ them in the case of Miss X—, the subject of Obs. i.

Being unable to prescribe for that anæmic and greatly debilitated girl the ordinary diet, because she had no appetite and could digest nothing, I fed her and restored her powers by the aid of alcoholic drinks; at first with a teaspoonful of Spanish wine every hour; then with dessert-spoonfuls of old wine, hot or cold, with or without sugar; and at last, owing to her want of pecuniary resources, with dessertspoonfuls of alcohol mixed with two-thirds or three-fourths of eau sucrée, hot or cold. From the very first, she felt her strength restored, thanks to the alcoholic drink, and, with her strength, she recovered her appetite and the power of digesting soup.

During the course of acute or subacute disease one of our colleagues, instead of those hot sugared ptisans which so soon clog prescribes one-tenth or two-tenths of red wine in nine-tenths or eight-tenths of eau sucrée. To give it a slight syrupy flavour, you may keep the mixture boiling for a short time, for the patient to take by a teaspoonful or a dessert-spoonful at a time, hot, warm or cold. According to the taste of the individual you make the drink more or less sweet, more or less piquant, by modifying the proportions of wine and sugar.

There is another drink which homœopathists can recommend to their patients, being of an agreeable flavour without any medicinal properties, viz., just an infusion of almond shells or nut shells, which you prepare and sweeten exactly like tea. I have heard it called *German tea*, why, I do not know.

I need not say that, for weak subjects, a ptisan with wine in in it will be preferred. Alcoholics can also be employed where

there is imminent danger of syncope, which may prove fatal, as in the following case:

Last year, when attending a lady suffering from a defect in the mitral valves and contraction of the aorta, I found her repeatedly a prey to palpitations that were very irregular and sudden. During these attacks, her face became very pale, with a slight tint of yellow. To prevent the syncope threatened in such cases, I made her take a dessert-spoonful of Spanish wine every fifteen, ten, five, or three minutes. Under the primary action of that alcoholic drink, the pulsations became full and regular again, and the danger was banished. In case no Spanish or other first rate wine should be at hand, one must employ alcohol and water. This lady's case furnishes a proof that alcohol has a different effect upon the healthy and the diseased. When in health she hardly drinks a bottle of red *vin ordinaire* in three weeks, and for all that I gave her two bottles of Spanish wine in forty-eight hours without producing the least symptoms of intoxication.

III. The four preceding observations place in a very clear light the indication of *Senega* for pleural effusion, especially in cases where the usual remedies have been tried in vain, *Bry.*, *Cantharis*, *Arsen.*, *Scilla*, *Sulph.* (see Obs. I, II, III).

It is to be regretted that *Senega* has, as far as I know, only been employed by four homœopathic practitioners, Doctors Lorbacher, Strecker, Noack, and the writer of this article.

By what action does *Senega* effect the cure of pleural effusion? By provoking urine or critical perspiration. Obs. III and IV are remarkable examples of the former mode of termination. Dr. Noack has seen produced by this remedy abundant perspiration which involved a chronic pleural effusion in a patient who had long been deemed incurable and at the point of death.

In other cases, *Senega* seems to cause the disappearance of pleural effusion by favoring its absorption.

Senega, like *Cantharis*, by its primary action diminishes, and by its secondary effect augments the secretion of urine. It seems to play the same part in buccal and pulmonary expectoration, stool, and perhaps, also, perspiration.

In the pathogenesy of *Senega* are found the symptoms of hydrophthalmia, intra-ocular compression (see *Causeries Clinic.*, t. i, art. 3).

On the other hand, this remedy cures anasarca, ascites, and

hydrothorax; its seems then to have an elective action on effusions of the serous cavities; has it equally so in hydrocephalus, hydrocele, hydropericardium, hydrarthrosis? That question can be answered by the pathogenesy and the clinical use of this medicine, both of which are very incomplete. By its elective action on the pleura, *Senega* banishes not only hydrothorax, but also the false membranes consequent on pleurisy. In fact, by the aid of this remedy Dr. Noack has cured a patient who had false pleural membranes in the upper part of one lung. They so well disguised the normal respirations that they led the preceding physician to pronounce the case to be one of phthisis in the first stage.

Senega, which cures hypopion (see *Causeries cliniq.*, t. i, art. 3) would perhaps be efficacious in purulent effusions of the pleura.

To resume, *Senega* appears indicated according to the order of importance, for—

1st. Pleural effusion, subacute or chronic, consecutive or idiopathic essential pleurisy of the common form, and especially in the latent state (see Obs. I.)

2nd. Pleurisy, when symptomatic of pneumonia, especially in the catarrhal form, and after failure of *Bryonia* (see Obs. II).

3rd. Cachectic pleurisies, the last complication of a great number of maladies which they render fatal; severe fevers, scarlatina, miliary fever, smallpox, &c.

4th. Hydrothorax, symptomatic of disease of the heart, œdema of the lungs, and anasarca, idiopathic or otherwise.

5th. Hydrothorax, ascites, and anasarca, as sequelæ of albuminuria, idiopathic or otherwise (see above the specific action of *Senega* on the kidneys).

6th. Hydrophthalmia; and to avoid the necessity of practising iridectomy in cases of intra-ocular compression.

7th. Ascites symptomatic of liver complaint, of peritonitis, and abdominal tumours.

8th. Perhaps for the two forms of idiopathic pleurisy which are almost always fatal, according to Dr. Milicent, viz. the pseudo-membranous and the purulent form (see *Art. Médical*, xxvi, 85).

9th. After the failure of *Arsen.*, *Canth.*, *Bry.*, *Scilla*, *Sulph.*, *Hepar*, *Helleb.* and other remedies generally efficacious in the various kinds of dropsy.

10th. In general in persons of lymphatic temperament, dis-

posed to corpulence, œdema, anasarca, various kinds of dropsy, and excess of secretions, serous or mucous.

In these different cases it is best to prescribe *Senega* in low dilutions or even the mother tincture, in order the better to provoke urine or critical perspiration.

In the subject of Obs. II we have seen an infusion of two drachms of *Senega* succeed after the 27th dilution had failed.

Senega, like *Hepar*, cures hypopion, effusions and false membranes of the pleuræ. We have already glanced at the differential indications of these two remedies; they will be better understood when I have accomplished for *Senega* a work analogous to that already published on *Hepar* in *Causeries cliniques*, t. i, art. 26.

Arsenical Rashes.

LETTER FROM DR. MACNAB.

To the Editor of the Medical Times and Gazette.

SIR,—In your notes of the treatment of skin diseases at Guy's Hospital in the last number of your Journal, I am surprised to find considerable difficulty evinced in accounting for the appearance of a peculiar exanthematous eruption in a patient with obstinate psoriasis, treated by large doses of *Arsenic*, and various speculations made as to its cause. I believe rashes, although certainly not to the same extent as caused by the use of *Copiaba* and *Cubebs*, to be of no very unfrequent occurrence where *Arsenic* has been taken for some time; indeed, their appearance is mentioned by many toxicological writers as an occasional symptom of chronic arsenical poisoning. I myself have seen several cases where the appearance of rashes could only be accounted for by the use of the metal. In one instance particularly which lately occurred in my practice, I observed an eruption almost identical in appearance and accompanying symptoms with that described in Dr. Fagge's case.

The patient was a strumous woman, 28 years of age, with lupus of the face, for which I prescribed ♏iiij doses of the *Liq. Arsenicalis* three times daily. The medicine had been taken regularly for three weeks without producing any constitutional disturbance, when suddenly, after feeling ill for a few hours, a copious rash

made its appearance on the face, hands, and chest, resembling that of measles more than any other, the maculæ being slightly elevated, with intervening spaces of skin little affected, and showing papules in some places, vesicles in others. It was accompanied by general catarrhal symptoms; swelling of face, lips, and eyelids; burning heat of skin, yellow furred tongue, gastro-intestinal irritation, and intense tenderness of feet, so much so that standing gave great pain. These symptoms were followed in a few days by complete aphonia. Desquamation commenced about the tenth day of this eruption, but the redness of skin did not entirely disappear for some weeks.

In this case I had no doubt that the exanthem was caused by the *Arsenic*, no external application or treatment of any other kind having been used, and there existing in her extreme intolerance of the metal in all its forms on several occasions when it has been tried since, I have been obliged to discontinue it in a few days, its use causing nausea and gastric irritation generally.

I am, &c.,

ROBERT MACNAB, M.D., F.R.C.S. Edin.,
Surgeon to the Suffolk General Hospital.

Homœopathy in India.

WE have before us the first number of a new medical journal published in Calcutta, and edited by the Dr. Mohendro Loll Sircar, who made such a gallant defence of homœopathy in the Bengal branch of the British Medical Association. This new periodical is entitled *The Calcutta Journal of Medicine*, and the editor, in this first number, boldly displays the banner of homœopathy in the following article, entitled:

"OUR CREED.

"It might have seemed strange, if not absurd, in a journal devoted to the interests of any other science than medicine, to start life with a confession of faith. In medicine, as in religion—its spiritual sister,—this is not only excusable but absolutely necessary, inasmuch as there are more than one faith amongst its votaries. The face of truth in medicine is obscured by denser clouds of ignorance than in any other branch of knowledge.

These clouds are dispersing, but not at one point. Hence the insight we have into the truth, which is undivided in itself, is not through one but many and varying openings, some of which are closing, and some expanding at the expense of the others. Hence the diversity of views which divides the medical world. Hence all the strife and angry contention amongst the members of a profession pre-eminently dedicated to the sacred interests of suffering humanity.

To the eternal honour of the profession it must, however, be acknowledged that medical men prove so uncharitable towards one another only because of their unbounded charity towards their fellow-men. It is this noble and charming feature in the profession which ought to be an ample excuse for all its shortcomings, and which ought to command the respect of all. And it is because of our sincere conviction of this point that we have striven to shake off all jealousy and narrow-minded bigotry, and be charitable to all the branches of the profession.

"We have, of course, our own creed and our own opinions, but we shall not only tolerate but show due respect towards the creed and the opinions of others, whenever sincere and temperately expressed. We do not pretend to have the monopoly of wisdom and of truth. We shall not ignore facts which we cannot account for, or which clash against our preconceived ideas. Facts such as these will only serve to stimulate us to further and more careful inquiry, and we shall always allow them to exert upon us the wholesome influence of moderating our dogmatism.

Thus, in recognizing the law, but imperfectly expressed by the phrase *similia similibus curantur*, as the best guide-law yet discovered for the selection of remedies, we do not look upon it as the ultimatum of therapeutical science. We do not overlook the action of other laws in the process of cure.

"Nor in admitting the efficacy of extremely attenuated forms, the so-called infinitesimal doses, of medicines, do we deny the efficacy of massive doses administered after a different principle, or assert that these can only be used by inflicting serious mischief upon the constitution.*

* The question of dose is still an open one in all the systems of medicine, and the General Council of Medical Education and Registration, in having given the doses of medicines in their revised edition (1867) of the British Pharmacopœia, have acted wisely in remarking that "these doses are indicated in compliance with a generally expressed wish. They are not authori-

"Nor, again, in giving preference to the single remedy, would we swear that an alteration, or even a mixture of medicines, has not been efficient in bringing about recovery in a given case.

"The fact is, we have seen recoveries, and most remarkable ones too, under all sorts of treatment. We make this admission after a most careful observation for a number of years, having invariably endeavoured most scrupulously to eliminate the essential from the accidental elements in the various modes of treatment. This fact, instead of shaking, has only confirmed our faith in the powers of medicines. It only shows the extent and the depth of our ignorance, points to the necessity of absolute toleration, and is but one of the ten thousand proofs of the truth of the Shaksperian adage, 'there are more things in heaven and earth than are dreamt of in *our* philosophy.'

"As matters stand at present, practicably we cannot, and we ought not to be wedded to any particular system of treatment. Even if convinced that a certain law is the absolute law of cure, still from our inability to apply it in all cases, we must not sacrifice the interests of our patients, simply because we cannot get hold of a remedy to work according to the law. It is indeed beautiful and may appear truly scientific to be able to effect cures by single medicines. But when we fail in this, when from the paucity of our provings, or from our imperfect knowledge of the Materia Medica, we are unable to hit upon the right medicine to be prescribed after the law, must we stand paralysed, and remain idle spectators of the extinction of life, even if we knew that a certain drug or a mixture of drugs has been used in similar cases with success, simply because we happen to be unacquainted with the separate pathogenetic actions of those drugs? The physician, if he is aware of the solemn responsibility of his calling, and at the same time sensible of his imperfection in the application of what he thinks to be the absolute law of healing, is bound to avail himself of the accumulated clinical experience of the world, which is too valuable a treasure to be altogether thrown overboard. Until the time of the immortal Hahnemann, we must remember that chance, and not science, was the discoverer of the most potent drugs which we daily use, and with success. How-

tatively enjoined by the Council, and the practitioner must rely on his own judgment and act on his own responsibility in graduating the doses of any therapeutic agents he may wish to administer to his patients."

ever high enthroned, therefore, on science we may be, we must not disdain to profit by whatever chance or an over-ruling providence offers to us.

"We are aware of the charge of inconsistency that may be brought against us of encouraging, if not entertaining, a variety of conflicting beliefs on the same subject. But consistency, in our humble opinion, in a progressive science, is but another name for the mischievous compound of obstinacy, prejudice, and ignorance. Rightly understood, the only consistency admissible in matters of this nature is not to make a Procrustes' bed of our generalizations, however we may deem them to have been carefully and accurately formed; in other words, always to allow facts to modify our opinions, and not our opinions to distort facts.

"We hope that after this statement of our views we shall not be misunderstood as to the motive and objects with which we have started in our new career. It is no spirit of rivalry to the excellent journals already in existence, that has brought us to the field. We simply propose to supply a want that we have ourselves long felt—the want, namely, of a paper for the record and utilisation of all the available facts in medicine.

"We are aware of the too pigmy size of our Journal for the nature of the task we have proposed to ourselves. Our sole dependence is, however, upon the profession and the public, and upon their mercy we throw our bantling in the firm belief that under their fostering care it will arrive at maturity and develop into adult proportions, so as to be able to fulfil the high functions we have intended it for. And we need hardly say that if we had thought of depending upon our own unaided efforts, we would never have made the attempt."

This number contains, besides, a translation of a portion of Dr. Jousset's *Conferences on Homœopathy*, and gives an account of the opening of the homœopathic hospital and dispensary at Benares, with the speech on the occasion of its inauguration of the judge, J. H. B. Ironside, Esq., which we subjoin:

"My Friends,—We are met together this evening to establish, in a practical manner, the principles of homœopathy; and before I proceed to further particulars, I desire to acknowledge thus publicly the liberality of donors, both European and Native, specially of His Highness the Maharajah of Benares and Rai

Narain Dass, who have both offered houses for the temporary use of the hospital; we have availed ourselves of the offer of the latter, as the house is immediately available.

"I would wish it to be understood by the Meeting generally that it is not desirable to enter into any discussion regarding the merits of the different systems of medical treatment, or to compare one with the other, to the disadvantage of either. The city is large, there is room and opportunity for everybody to adopt any system he may choose for himself. All we require for homœopathy is, that it should have a place as other systems have, and that it be tolerated as others are. All I ask is, that until this system has been tried and found to have failed, that then, and not till then, should it be rejected.

"I am a homœopath myself, and have been so for four or five years. I at one time ridiculed homœopathy, but then I knew nothing about it; and I can, therefore, understand and make every allowance for people who ridicule it now.

"It is very difficult at all times to introduce anything new into medical use, to get people to believe in it and adopt it, especially when they have made up their minds as to the absurdity of it.

"People generally in this world fail in moral courage—and ridicule is a weapon usually used against them with success where any object is to be gained.

"Medical men are especially prone to resist any new doctrine. When Dr. Harvey tried to make the members of his profession believe in the circulation of the blood, they resisted and ridiculed him for many years, yet they were eventually compelled to admit it, and a medical man would be considered a fool now who did not believe it.

"Dr. Jenner for upwards of twenty years endeavoured to make the profession believe in the efficacy of vaccination; he underwent more ridicule than Dr. Harvey even, and yet any medical man would be ashamed now to own that he was a disbeliever.

"It is not, therefore, to the members of the medical profession that we must look for any support in a new measure of this sort. The doctors will change their ideas when they see the tide of popular opinion running against them: they must follow their patients—it is to the people that we must look for assistance in the introduction of homœopathy.

"Homœopathy has never retrograded since it was first esta-

blished nearly seventy-five years ago; other ideas have been started, have lasted a short time and then collapsed; but homœopathy is gradually spreading its doctrine over the civilised and uncivilised world—it has never lost an advocate who has once mastered the subject.

"In America, Germany, and in France, it is making rapid strides. Hospitals and dispensaries are springing up everywhere.

"Statesmen and nobles of England, in fact of the whole civilised world, have adopted its principles—men whose intelligence and honesty no body would be presumptuous enough to question.

"Benares, therefore, may well be proud to be the first city in India which has had the moral courage to plant the standard of homœopathy, and for this your descendants will be grateful.

"Baboo Loke Nath Moitra (who will have medical charge of the hospital) had been practising for two and a half years in this city before I had heard of him; the people had adopted his system without knowing what it was—they had never heard of homœopathy; he was a perfect stranger here and settled in the city by accident. Thus homœopathy established itself in Benares entirely on its own merits, and it is fit therefore that Benares should be the first city in India to adopt it practically.

"There are some ignorant people who consider they are not being properly attended to unless they are severely physicked or blistered or bled; if they die their friends think that everything possible was done for them; if they recover, and it matters not however tedious the convalescence, their faith in strong remedies is not shaken.

"The science of medicine, I consider, consists in knowing exactly what to give, and administering just sufficient to remove the illness, and no more, without producing any inconvenience whatever to the patient. People who suffer from the effects of the medicine suffer from the superfluous quantity they have taken, and it cannot be denied, I think, by any one, that it is a common saying, 'Oh! so and so is well, he is only suffering from the effects of the medicine.' All we ask for homœopathy is to give it a fair trial; let sceptics come and watch the patients and the treatment; everything will be opened for them to examine, there will be no mysterious or

unintelligible prescriptions to puzzle the patient and add to the seeming wisdom of the medical man; the treatment is very simple though the science is great. Homœopathic cures are derisively called 'cures by nature;' this is the greatest compliment that can be paid to the doctrine; the science of assisting nature should be the ground-work of all medical theory.

"Every man is learning all his life; of all the sciences that of medicine is the least understood. Why then reject homœopathy without examining it and seeing what it is worth? That members of the medical profession should summarily fling aside the doctrine, is a most ludicrous presumption indicative of a narrow and illiberal mind; to say that there is 'nothing in it' is simply absurd; to say that homœopathy has not already had its good effect on allopathy is untrue.

"Life and health are not matters to be trifled with, and people do not trifle with them; they are ready to pay any amount of money for the best skill available and in which they have faith. When people therefore call in on such occasions a homœopathic doctor there must be something in the system worthy of the attention of thoughtful members of the profession.

"We do not propose treating in this hospital cases which are strictly surgical. Surgery is a science by itself, the efficiency of which, in clever hands, no one can dispute. Still there are a great many cases that appear surgical, which can be cured under homœopathic treatment without recourse to surgical aid. Cases, however, that admit of doubt in the first instance, we propose not to take up; it is the usual custom, in surgical cases, for more than one surgeon to be in attendance, either to divide the responsibility or to assist. We cannot expect this from any surgeon in Benares, therefore we think that it is fairer both for the patient and the homœopathic practitioner to leave such cases alone for the present.

"The advantages and benefits to the poor, by the establishment of this institution, will be incalculable. In this large city there is a vast number of wretched persons suffering from all sorts of diseases, who require treatment and who will no doubt resort eagerly to the dispensary or hospital. We shall be able to accommodate in the hospital about twenty patients at one time. We hope to dispense largely among those out-door patients who are unable to pay for medical treatment.

"There are several dispensaries in and around the city; let us

join with them in one common object, viz., the relief of the poor of Benares, without stopping to discuss the merits of the different means by which the same good end is gained. At the same time I trust that what we have started to-day will be, as it were, laying the foundation of the doctrine of homœopathy in this country, and I trust that you will all exert your best to further its object and induce your friends to do likewise. I feel, however, that homœopathy requires no advocate, it will root itself firmly, entirely on its own merits."

Alstonia Scholani.

We give an extract from a letter to Mr. Turner, our publisher, from a Bombay correspondent:

"I sent you lately, by a friend who delivered it to you about a month a ago, a biscuit box containing a quantity of the bark of the *Alstonia scholani*, as I supposed that you might find some persons desirous of testing what appears to be a very valuable remedy. The tree is not very common here. The native name is the *Satween*. I found two trees at our hill sanatorium of Mathevan, near Bombay, and from these I obtained the bark I sent you. The natives had been so much in the habit of resorting to these trees that the greater part of the bark had been removed. The servant who guided me to them gave me the following account of his experience and opinions about the bark. No medicine is more highly valued among the people. They keep the bark as long as two years dried and then think it best to replace their stock. It is specific for abdominal pains. I could not find out that any discrimination was used with respect to the cause, or character, or accompaniments of the pains for which it is usually administered. It seems to be given for any kind of severe pain in the abdomen, and the usual result is said to be its removal. He had not known it to be used for any other disordered states except constipation, for the removal of which large doses are given. Pathogenetically, therefore, it is a purgative, and the ordinary natural use of it for colic and other pains is probably homœopathic in the fullest degree. I requested him to break off a piece of the size taken for pain, and another of the size taken as a purgative. The former weighed nearly a scruple, the latter

about three drachms. The natives either eat it in the crude state or pound it up with water. A second person told me it is a sovereign remedy for colic and the like pains, and that everybody used it for these. A third whom I questioned said the same, and added that it is a valuable medicine in diarrhœa and jaundice."

BOOKS RECEIVED.

Odontalgia, commonly called Toothache, its Causes, Prevention, and Cure, by S. Parsons Shaw: Manchester, Palmer and Howe, 1868.

Jahr's Venereal Diseases, translated by Dr. Hempel: New York, Radde, 1868.

An Essay on Cleft Palate, by Wm. Tod Helmuth, M.D.: St. Louis, Mo., Albany, 1867.

Bibliothique Homœopathique, par une Sociétté de Médecins. Tome i. No. 1: Paris, Bailliere, January, 1868.

Organopathy, and Medical Progress, by W. Sharp, M.D., F.R.S.: London, Turner, 1867.

Transactions of the Homœopathic Medical Society of the State of Pennsylvania, 1866-7.

United States Medical and Surgical Journal.

Su la Guida Domestica di Medicina Omiopatica, publicata dal Dr. A. Uffriducci: cicalata del Dr. Dadèa, Roma, 1867.

Neue Zeitschrift für Hom. Klinik.

The American Homœopathist.

El Criterio Medico.

La Reforma Medica.

The Hahnemannian Monthly.

The American Homœopathic Observer.

The Chicago Medical Investigator.

The North American Journal of Homœopathy.

The Western Homœopathic Observer.

L'Art Médical.

Bulletin de la Société Homœopathique de France.

The Calcutta Journal of Medicine.

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HOMŒOPATHY.

PROGRESS OF HOMŒOPATHY.

One of the most interesting of the subjects brought before the late Homœopathic Congress at Paris was the account rendered by several practitioners belonging to different countries of the state and progress of homœopathy in their respective countries. We shall lay these reports before our readers as they are given in the *Bulletin*, though not in the precise order in which they were read to the congress.

1. *Homœopathy in Austria.*

Dr. Marenzellar read the following report:

Do not fear, gentlemen, that I am about to occupy your time by any statistics; on the contrary, I shall first of all endeavour to answer those general and special questions which might naturally be asked of me in reference to the subject I am about to bring before you.

The first and most important question would be as follows: Has homœopathy made much progress during the last few years, and is it still on the increase? It is impossible to reply to this question by a simple yes or no. I shall first endeavour to show you the facts in order that you may be able to estimate their value for yourselves.

The blind love of novelty has been followed by a more just, but less noisy, appreciation which is of great value.

Though a change of medical faith, that is to say, a change from allopathy to homœopathy as regards both doctors and patients, is less frequent than formerly, still the actual condition of homœopathy is more consolidated, and the avowal of belief in the new doctrine is more respected. True, one hears less talk of marvellous cures; tubercles, cancer and such like maladies are less frequently cured, since the new physiological school, which is our common property, assists and leads us to a more exact and enlightened diagnosis. But, on the other hand, this new school has carried out its principles with strict impartiality, for, attracted towards the dominant doctrine, reared and brought up in the principles of materialism, in the dryness of nihilism, and prejudiced against homœopathy by their professors, medical students are disbelievers in the successes of therapeutics in general, and particularly in those of the new method. These motives sufficiently explain the repugnance they feel for the study of homœopathy. There is a great want of homœopathic practitioners in Vienna, and in the provincial towns. The desire of great landed proprietors to have homœopathic practitioners on their estates cannot now be satisfied.

The painful losses caused by the decease of homœopathic practitioners are sparingly filled up by young doctors; more frequent are the converts from among the ranks of experienced allopathic practitioners, who having tested and been disappointed with the old system, come over to the homœopathic, which they practise with enthusiasm and success.

In order to judge of the spread of homœopathy in Austria we must not count the number of homœopathic practitioners, but look at the facts.

In the capital of Austria homœopathy is as well known in the workman's garret as in the prince's palace, and no one is ignorant that diseases may be cured by a few globules, thanks to the labours of homœopathists in the most distant suburbs, and to the results obtained in the hospitals and dispensaries; but it is among the nobility and the wealthy

and intellectual classes, that the new system has its adherents and has taken deep root.

The number of homœopathic practitioners in our capital amounts to about fifty, who have all extensive practices. Their number is not sufficient for the wants of the city.

In other towns, even in the very smallest, there is about the same proportion betwixt the number of the population and that of the homœopathic practitioners.

We are often surprised to find in the smallest villages, and even in the remotest farms in Hungary, practitioners, sometimes amateurs, chiefly priests, who practise and spread the new system.

We have two homœopathic societies in the Austrian dominions, one the Austrian Society, of which I have the honour to be president, founded in 1844; the other the Society of Hungarian homœopathists, lately founded at Pesth in imitation of the Vienna Society.

The Austrian Homœopathic Society has fifty ordinary members and about as many corresponding members. The chief object of the society is to test medicines on the healthy body, and, as you are aware, many medicines have been proved by it with much success. This year a proving of *sulphate of soda* is being made. Of late years the results of the operations of our association have not been so satisfactory in this line because it is not composed of young vigorous practitioners. But it has been much more active in regard to therapeutics. At the monthly meetings, besides the results of the provings, papers are read on extraordinary cases that have occurred in practice. Pharmaceutical and other questions relating to the society occupy its attention, and among other things the distribution, among three indigent homœopathic practitioners, of the interest arising from a capital of seventy francs,* left by Dr. Vrecha for this purpose.

There are three hospitals at Vienna; the largest is at Sechshaust, it contains 230 beds, and owes its existence to

* We should think there was a printer's mistake here, and perhaps we ought to read 70,000 francs, for the interest on 70 francs would not go far among three needy doctors.

several religious communities by which it was founded. Patients of both sexes are admitted, suffering from either acute or chronic diseases, at a fixed rate of payment.*

The allopathic practitioners and the other opponents of homœopathy have done their utmost to have this hospital transferred to the hands of allopathic practitioners; but the favorable results obtained in it having been contrasted with those obtained in allopathic hospitals, and the insignificant expense for drugs, have confirmed the communities in their preference of homœopathic treatment. The saving it has caused in the course of a few years in the matter of drugs has been so considerable, that it has enabled them to double the size of the hospital, and they expect to be able to do this again in a few years more, whereas the enormous expense of drugs always involves the other hospitals in inextricable financial difficulties. The other homœopathic hospital in the Gumpendorf suburb, which is maintained by donations and legacies to the Grey Sisters, contains seventy beds; patients of both sexes are admitted. Lastly, the hospital in the Leopoldstadt suburb owes its existence to money obtained from the imperial court. At the request of several homœopathic practitioners the government granted them the funds in 1850, in order to erect a homœopathic hospital for the express purpose of satisfying themselves and all allopathic practitioners disposed to inquire into the results of homœopathic treatment. This hospital contains forty beds; women affected with acute diseases are admitted. Attached to the two last-named hospitals are dispensaries, which are well attended.

There are, also, in the Austrian Dominions, hospitals at Linz, Stein, Brix, Gyöngyös in Hungary, and Baden near Vienna, the last named founded by the Vienna Ladies' Beneficent Association.

As regards the position of homœopathy in the State, its relation to allopathic colleagues, professors, apothecaries, the government and the court, we may say with confidence

* We wish Dr. Marenzellar had told us more about this hospital; who the medical attendant is, what are the results obtained, &c. It is the first time we have heard of it.

that it has much improved and gained in solidity. We live on the best terms with our allopathic colleagues, who frequently prescribe homœopathic medicines. It is very rarely that the allopathic journals admit articles against homœopathy. When a diagnosis is needed the homœopathic doctors often call in the allopathic professors, and the latter are modest enough to leave theraputics alone at these consultations. The druggists whose losses have been considerable on account of the freedom allowed in the dispensation of homœopathic medicines, are content to sell their homœopathic medicines to the public without prescription. Government does not interfere with the right of free dispensation of drugs acquired after a hard contest and which we will never give up. Lastly, though there are but few members of the imperial court who are treated homœopathically, still they protect the system, and in recent times the emperor has distinguished several homœopathic practitioners by decorating and ennobling them, with this remark: "On account of their medical labours."

We have only to speak of the relations of homœopathists among themselves in reference to the controversial points of our science. The difference betwixt the two well-known divisions is not very strongly marked. We have amongst us lovers of large and lovers of infinitesimal doses; but the one party respects the convictions of the other, and listens with interest and pleasure to the happy results obtained from doses different to those it is in the habit of prescribing. Some employ the whole scale of doses. But most of the Vienna homœopathists employ medium doses from the 2nd to the 10th dilution; these are also the doses employed in our three hospitals. As regards the other scientific questions which I need not indicate opinions are still less divided. Though some think the great aim should be to cover symptoms, whilst others think it is the morbid processes themselves which should be treated, we are all at one with regard to our aversion to that systemless system called allopathy; we are all agreed as to the principle laid down by Hahnemann, I mean the law of similars, which we hold to be the quickest, the surest, and most pleasant mode

of curing diseases. We all admire the divine faculty of the great master by means of which he created and developed his system, and we shall never cease to bless and perpetuate his memory.

2. *Homœopathy in Hungary.*

Dr. Nehrer read the following account of the prospects of homœopathy in Hungary:

I have the honour to communicate the gratifying intelligence that homœopathy is about to be made a public and obligatory study at the Pesth University.

Thanks to the restoration of our fundamental law of 1848, Hungary will henceforth be governed by a national and responsible ministry, which has inaugurated its high mission, among other and popular acts, by the following proposition addressed to the college of medical professors of the University of Pesth:—*That it shall give its opinion at once on the best manner of placing the study of homœopathy on the same footing with the present medical studies in the said University.*

This ministerial summons was published last June in the 'Medical Gazette' of Pesth, *Gyógyaszat*, and through its means the Hungarian homœopathic periodicals edited by Drs. Szontagh and Hausmann were made aware of its existence.

The Minister of Public Culture and Instruction, Baron Eötvös, thought it right to obtain the opinion of our adversaries first, and afterwards to get that of the homœopathic practitioners in case of an unsatisfactory answer.

I venture to affirm that we may rest perfectly satisfied as to the issue of this question so important to homœopathy, since the initiative has been taken by government itself. Five and twenty years ago (in 1843) the Hungarian Chamber of Deputies in vain requested the government, at that time Austrian, to cause homœopathy to be taught publicly like the other medical doctrines. The answer was only a vague and illusory promise.

3. *Homœopathy in North America.*

The report of the delegate from the United States of America, Dr. Bushrod James, is short but significant:—

Homœopathy was introduced into the United States in 1825 by the German, Dr. Gram, who settled in the state of New York, and commenced there the practice of homœopathy, publishing in the same year the first homœopathic book that appeared in the States. During the next ten years several other American practitioners settled in Pennsylvania, in New York, and other states, and a small number of American practitioners studied and practised homœopathy. During this period only six works on homœopathy were published.

Great was the opposition encountered by the first pioneers from their colleagues; great, also, were their difficulties owing to the want of medical works. Books on practical medicine and a proper reliable *Materia Medica* were of the first necessity to guide them in the treatment of serious and acute diseases, and to enable them to demonstrate the superiority of the law *Similia similibus curantur*. Convinced of the truth of the homœopathic principle, they struggled perseveringly against the obstacles in their way until the doctrines they believed in became thoroughly engrafted in America. Many non-medical persons defying the blind prejudices and the privileges of the allopathists devoted themselves to study the system; the result was so conclusive that they soon became enthusiasts for the new method.

The spread of homœopathy in America has been so great that in most of our great cities the majority of the enlightened and influential part of the community is favorable to homœopathy; in practice it commands the respect due to a method which tends to become the dominant system in the country.

In order to show how rapid has been the progress of the new doctrine, I shall read the reports communicated to the

last annual American homœopathic congress. The greatest pains have been taken to ensure the accuracy of the statistics.

The number of homœopathic practitioners is 3,637, distributed as follows:—Alabama, 13; Arkansas, 3; California, 18; Connecticut, 81: Delaware, 12; District of Columbia, 14; Florida, 3; Georgia, 20; Illinois, 394; Indiana, 119; Iowa, 121; Kansas, 21; Kentucky, 44; Louisiana, 21; Maine, 51; Maryland, 24; Massachusetts, 251; Michigan, 275; Minnesota, 42; Mississipi, 16; Missouri, 68; Nebraska, 5; Nevada, 2; New Hampshire, 37; New York, 818; New Jersey, 90; North Carolina, 3; Ohio, 352; Pennsylvania, 374; Rhode Island, 34; South Carolina, 4; Tennessee, 6; Texas, 11; Vermont, 64; Virginia, 21; West Virginia, 6; Wisconsin, 199.

Circulars were sent by the congress to all known societies; sixty replied. Of these, three are national:—The American Homœopathic Institute, the Proving Society, and the American Publishing Society. Two are sectional:—The Western Homœopathic Institute and the North Western Experimental Union. Sixteen are organised by States, as, Connecticut, Ilinois, Iowa, Maine, Massachusetts, Michigan, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Wisconsin. Forty local societies exist in the following states:—Illinois, 2; Missouri, 2; Massachusetts, 2; Maine, 1; New York, 24; Ohio, 4; Pennsylvania, 6.

There are seven colleges, at—Philadelphia, Cleveland, New York, Chicago, St. Louis and Boston.

There are dispensaries, infirmaries, and hospitals, at Boston, Brooklyn, Chicago, Harrisburgh, Leavenworth, Newark, New York, Philadelphia, Pittsburgh, Poughkeepsie, St. Louis, Ivry, and Washington.

The first homœopathic publication was that by Dr. Gram, in 1825. In the first decade thereafter there were published 6 works, in the second decade 52, in the third 204, and up to 1864, 178.

During the last period the character of the books has been altered; at first they were mostly polemical and in the

form of pamphlets addressed to the public, whereas latterly books for the profession have been in greater demand.

Since 1865 the books published have been of a more scientific character, and are probably more numerous than in former years.

In the neighbouring provinces of British America, homœopathy has of late years been legalised by Act of Parliament, and it has spread rapidly. There is an association called the Canadian Homœopathic Institute, and the number of homœopathic practitioners is very great, and is constantly increasing.

The last meeting of our National Association held at New York in June was one of the most numerously attended we have had. There were present a great many old practitioners, and as many American propagators of the system discussed the measures best adapted to advance the cause.

During the year the American Homœopathic Institute will open a correspondence with the various foreign societies, and it were desirable that all the societies throughout the world adopted similar means to assist in the propagation of medical truth.

4. *Homœopathy in Colombia.*

Dr. Ozanam gave an account of homœopathy in the United States of Colombia,* derived from a homœopathic periodical published at Bogota under the title of '*Homœopathy, Monthly Journal of the United States of Colombia.*' There are, it would seem, sixteen homœopathic doctors in Colombia, ten at Bogota, the federal capital, to wit: Drs. Sanmiguel, Alvarez, M. Lievano, Castillo, Pereira, Riera, Chavez, F. de P. Lievano, Manrique, Calvo, Mendivil; six out of the capital, to wit: Drs. Rendon, at Fusagasuga, Agudela, at Honda, Ujueta, at Monpos, Chavez, at Ambalema, Castillo, at Sopo, Ortega, at Nemocon.†

* This country, which may not be familiar to many of our readers, is our old friend the republic of New Granada, which assumed this high-sounding title in 1861 after one of its innumerable revolutions.

† Except Honda, all these towns are utterly unknown to us, and not to be

Dr. Ozanam gives us some specimens of the literary labours of our Colombian colleagues. The first is an essay by Dr. Madiedo, on "Forces," which Dr. Ozanam thinks very highly of, but on which we feel inclined to make the mathematician's observation on the opera, "It is all very fine, but what does it prove?"

Three observations of cures of polypi are recorded which equal, if they do not surpass, anything yet achieved in the old world, and are altogether so remarkable, that we must give them entire.

1. *A case of Polypus of the Nose.* By Dr. Alvarez.

Gaetana Perdonno, a young girl, æt. 16, residing at Guana, was brought to my consulting rooms by her mother in order that I should remove two polypi situated one on either side of the septum narium, which had attained such a size that they stopped up both nostrils, preventing respiration by the nose, and causing disturbed sleep, because even with the mouth open the patient could not rest quietly, but woke up every minute, choking for want of breath and great dryness of the throat.

Many practitioners had been consulted, and all were of opinion that no good could be done without an operation.

It was the first case of polypus that occurred to me since practising homœopathy, and I confess that I felt somewhat perplexed. I had seen homœopathic medicines act in a great many lesions of tissues in a decisive and certain manner, and obtained radical and permanent cures. But for degenerations of this sort, I could not help doubting the efficacy of dynamical action, without having re-

found in the latest gazetteers, unless, indeed, Monpos is some new-fangled way of spelling Monpox or Mompox, though we would not like to speak positively on this point, for words that appear very similar in sound to a foreigner may convey very different ideas to a native, as was well illustrated by that French diplomatist, who, happening to sit next the Prussian ambassador, asked him, "By-the-bye, Monsieur, what is the family name of the Prussian dynasty; I have stupidly forgotten it." "Hohenzollern," replied the ambassador. "Ah oui, je m'en rapelle," cried the Frenchman, "c'est ce que nous appelons Hohenlohe." "Nemocon," in the above list, sounds a comfortable sort of place for a heretical doctor to settle in.

course to surgical intravention. Still, on looking over the records of European homœopathic practice, I find that a great many cases of polypus had been cured, and this decided me to treat this case homœopathically.

As the patient suffered from nothing but difficulty of speaking and breathing, owing to the presence of the polypi in the nose, I commenced by attacking the lesion of tissue, and gave *Phosphorus* 30, four globules; I did not repeat this medicine, but allowed it to act for twenty days, under an appropriate regimen.

In August the polypi had diminished in size, so that the patient could breathe freely, her sleep was tranquil, and in longer spells than before. I again prescribed the same dose of *Phosph.* 30, and waited for its effects.

In September the disease had not progressed, but no further improvement had taken place, showing me that the medicine should be changed. A first examination revealed to me a psoric diathesis, which led me to employ *Sulphur* and *Calcarea carbonica*.

I gave four globules of *Sulph.* 30, three doses on three successive days. After the third dose, I noticed a herpetic eruption on the nostril, with itching, tickling and coryza. I allowed the medicine to act until the eruption had run its course, which ended speedily, as did also the coryza. I waited a few weeks longer, and in October gave, in a single dose, four globules of *Calc. carb.* 30.

For ten or twelve days nothing occurred; but in the beginning of November, the improvement took place so rapidly, that in December the young lady went and enjoyed herself at the fêtes of Neiva, attended the bull fights, the public games, and the dances; and in January not a trace remained of the polypi, which had completely disappeared; thus, without any painful operation, this young person recovered her grace, her beauty, her natural voice, and her peace of mind.

The polypi did not fall off, but disappeared by being absorbed. It is a great advance on the old method in such cases to substitute a gentle and rational mode of treatment for a painful operation.

11. ***Polypus of the Uterus.*** **By Dr. Angel Maria Chavez.**

In the beginning of April, 1866, Mr. F. C— came to ask me to take under my medical care Mrs. S—, who was seriously ill, "though, I believe," he said, "that the disease is incurable, for the other doctors who were in attendance on her all gave her up after a longer or shorter treatment. Some of them said she had cancerous tumours in the womb, others that she had polypi. This much is certain, that Mrs. S— suffers agonies, and our bounden duty is to try to relieve her if a cure is impossible."

Mr. C— conducted me to the patient's house, and after a careful examination, I saw that it was impossible to effect a cure if the tumours were cancerous in their nature. However, in order to satisfy myself on this point, an internal examination was required. She had already been examined by two distinguished professors, one of whom told her that it was doubtful what was the true character of the tumours; he believed them to be polypi in a state of fungoid degeneration, that there were several in the womb, and one attached to the neck by a pedicle extended into the vagina. The disease had made great progress during thirty-six years, the date of her first confinement, when the abnormal discharge and the uterine pains first occurred, aggravated by the following complications.

Morbid picture.—The patient is fifty-four years old. Plethoric, of bilio-sanguine temperament, the mother of five children; frequent attacks of an apopleptic character; skin pale, yellowish; subject to lassitude, headaches, vertigo, faintness, lacerating pain in the throat; palpitations of the heart, with acute pains. Weight and shooting pains in the womb and ovaries spreading all over the abdomen to the hips and back. Constant pains in the liver, with swelling and hardness. Pains in the limbs as far as the feet, with swelling of one of them. When at stool, a foreign body is forced out of the vulva, and touches the thighs, copious and frequent metrorrhagia; rose-coloured

leucorrhœa, very fetid, insupportable to the patient. Alternate constipation and diarrhœa, periodical fever.

My prognosis was the worst possible, but I undertook the treatment with the hope of relieving her sufferings.

Treatment.—Bath for two to three minutes, after a copious perspiration induced by a spirit lamp. This re-established the general perspiration, and alleviated the hepatic pains.

The variety of symptoms compelled me to employ in succession *Aconite, China, Carbo veg., Sabina, Arnica,* according to the symptoms most prominent. But the fundamental medicine was *Conium maculatum* 6, the third dose of which caused the expulsion of a spherical polypus, five centimeters in breadth by four in length, with strong uterine pains, metrorrhagia and fever. When this aggravation had ceased, I again gave *Conium* 15. This was followed by a fresh aggravation, and the expulsion of another polypus of the same size as the first, but of an oval shape. Violent metrorrhagia and the low diet required weakened the patient, and after the cessation of the aggravation more than a month was required to restore her strength. I then returned to *Conium,* which had been of so much use on the previous occasions.

As I had to leave the capital for a month I gave twelve globules of the 30th dilution in twelve spoonfuls of diluted alcohol, one to be taken every twenty-four hours. The effect answered my expectations; after the medicine was all taken there occurred an aggravation more intense than the previous ones, and in the midst of a torrent of blood, accompanied by fever and acute pain, the uterus expelled three polypi; two equal in size, oval in shape and seven centimetres in breadth, one of them was split open longitudinally and softened, the other hard and resisting like the first ones. The third in appearance like a portion of intestine, ten centimetres long by two broad, and hollow throughout the greater part of its extent; it had frequently presented itself externally.

Along with these five principal polypi there were discharged several others the size of a bean.

When the orgasm caused by this triple parturition had subsided, the patient felt considerably better and relieved from the great weight of the uterus. As regards the other sufferings, some of them entirely disappeared, the others diminished considerably. The expulsive process had occupied seventy-five days.

III. *Polypi of the Vagina.* By Dr. Alvarez.

On the 9th October, 1864, Mrs. D—, of Campo Alegre, four and a half leagues from Neiva, came to see me. She came to ask me for a remedy for *falling of the womb.* It was on Sunday, and I was rather hurried and had only time to ask a few questions; her replies, the confidence with which she stated her opinion which she corroborated by the testimony of several midwives, and even some doctors, induced me to think of prescribing a remedy appropriate for prolapsus uteri, to be taken for a fortnight before deciding if a pessary was required.

But as I was making up the medicine the following considerations presented themselves to me:—How can an appropriate selection be made without giving the time necessary to examine this patient? How can I give a medicine without being perfectly sure of the nature of the disease and being guided only by the opinion of others?

Prolapsus of the uterus has so often been confounded with a polypus or some other kind of tumour, and the prolapsed uterus has been more than once extirpated, having been mistaken for a tumour. Being unwilling to commit such an error, I explained to the woman that before prescribing I should like to make a more careful examination, if she would return the following morning at 10 o'clock. She consented to this, and next morning I examined her minutely and ascertained the following particulars:

She was forty years old, married, and had had three children. Her temperament was a combination of the bilious and lymphatic, of rigid fibre and dark complexion; scrofulous diathesis, catamenia abundant; she had suffered for four years from serous leucorrhœa. Some time ago she

observed a tumour which rapidly increased. It did not appear when the patient was lying. In the morning it was just perceptible betwixt the labia, but as the day advanced it projected more and more externally, which had occasioned the belief that it was a prolapsed uterus, but no local measures employed sufficed to retain it in its place. I examined the tumour by the touch, as it was not possible to introduce a speculum owing to its enormous size. I found that it was not formed by the womb, it did not come from the interior of that organ; the neck and os tincæ were perfectly free and normal in shape. The tumour was formed by two fibrous polypi, eleven centimeters broad and three and a half thick, occupying the whole of the vagina. They were not pediculated, but were attached to the upper and anterior border of the os tincæ and to the upper surface of the vaginal wall for two thirds of its extent. Examination by the rectum showed the body of the womb in its normal place above and unconnected with the tumours. There was a copious leucorrhœal discharge. As the patient had had no internal allopathic medicine her digestive functions were in good order, and her general health was perfect. I had no doubt that I had to do not with prolapsus of the uterus but with polypi of the vagina. I prescribed *Thuja occid.* 1, six drops in 250 grammes of distilled water, a spoonful twice a day.

October 24th.—At the end of this fortnight I was able to ascertain that the polypi were undiminished in size. But the leucorrhœa had considerably diminished and was reduced to a very slight serous secretion. The patient requested me to give her the same medicine which had acted so well. But I gave her instead *Calcarea carb.* 3, four grains in 180 grammes of vehicle, a spoonful to be taken once a day.

December 15th.—I received no accounts of the patient for a month and a half; at that time one of her sisters called and informed me that the patient was well; that the medicine had lasted a fortnight; that the discharge had disappeared without causing any alteration; but that a short time afterwards the patient found that there came away from

her at an interval of a few days, two fleshy bodies of the size and shape of two cucumbers—that was her expression.

I advised her to continue the medicine in order to eradicate the diathesis, but she never came to get any more.

Such a rapid cure is seldom witnessed, but in this case the patient had never been treated by internal allopathic remedies, so that we had only the disease to deal with, and not those complicated morbid states induced by allopathic treatment which do not yield to treatment so readily.

We sincerely congratulate our Colombian colleagues on the footing they have already gained in that remote region, and we envy them their success in these cases of polypi which we have not found to be so amenable to homœopathic treatment on this side of the Atlantic. These three cases remind us of the veni-vidi-vici cures recorded in the earlier numbers of the '*Archiv*'—cases that seem to become yearly more and more inimitable.

THE HOMŒOPATHIC TREATMENT OF THE CATTLE PLAGUE IN HOLLAND.*

It will be remembered by our readers that the impetus to a trial of homœopathy in the cattle plague when it raged in this country was given by the reports received from various quarters of the successful treatment of this disease by homœopathic means in Holland. At the late Homœopathic Congress in Paris, an account of this treatment in Holland was read by one of the principal actors engaged in it—Dr. Seutin—and we have now the pleasure of laying it before our readers.

The subject I am about to offer to your attention is the cattle plague, that terrible pestilence which committed such ravages in various countries of Europe, but especially in Holland and England; it also prevailed in our country, Belgium, but in a much less degree; still it spread to the very gates of our capital. Convinced that the disease might

* From the *Bull. de la Soc. Med. Hom. de France.*

be combated with success by the aid of homœopathy, and a large proportion of the animals cured, and encouraged by some partial successes already obtained, I did not hesitate to offer my gratuitous services to our government, but my offer was not accepted because it had been decided to slaughter every case that occurred as long as the disease was confined to particular spots. The Dutch ambassador who had heard of my offer to our government wrote to me upon the subject. He invited me to go to Holland; I accepted his invitation on the same conditions as I had offered to our government, viz. to treat the cattle at my own expense, without demanding any remuneration whatsoever from Holland. The government, however, offered to reward me if I performed any real services. As I was about to treat cattle I required the aid of a veterinary surgeon; I was so fortunate as to obtain for my companion a very eminent man, a member of our academy of medicine, and formerly professor of therapeutics in the Veterinary College. He did not hesitate at an advanced season of the year to leave his country in order to associate himself with me in my difficult task. It required much courage on the part of M. Gandy, but whence had he derived this courage? From the admirable law of similars. Like many others, he had at one time been opposed to it, but seeing its spread, he desired to become acquainted with it, and set himself to study like a youthful student. His studies and the experiments he made converted him to our cause; from the sceptic he was he has now become one of the most zealous defenders of homœopathy. Is not this a striking proof of the truth of homœopathy?

But to return to our subject, the cattle plague. When M. Gandy and I arrived in Holland (it was about the end of September, 1865), Schiedam and its neighbourhood was assigned to us as the theatre of our experiments; the disease raged there in the most deadly manner, all the farmers had experienced its effects among their stock. However, we did not hesitate to commence operations; but unfortunately our treatment was begun in the midst of the most unfavorable circumstances, on the one hand the hostility of

the veterinary surgeons, on the other the impossibility for many of the farmers to place their beasts in circumstances favorable for the treatment: no straw to make clean beds, not a sufficient number of farm servants to bestow the requisite care on the affected animals. Many of them displayed the utmost carelessness and indifference, in the belief that nothing could be done for this terrible disease. We had to carry on our operations, it will be allowed, under most discouraging conditions; and yet the indisputable official statistics show that we obtained 75 per cent. of cures. This was a considerable success, but we should have obtained still greater success had we been able to put our sick beasts in the conditions we could have desired, both as regards hygiene and medical treatment. In the same disease the most appropriate medicines do not always answer, as we learnt by sad experience. Among the careless and dirty farmers our cures were equalled by the deaths; among those, on the other hand, who appreciated our efforts, who followed out our prescriptions to the letter, and who gave all necessary care to their animals, we obtained excellent results, curing as many as 90 per cent.

Such very different results made me bitterly regret that the Dutch government had not kept the promise it made us through their ambassador when we quitted Belgium; had it done so, we should have had at our disposal large well-arranged stables, a sufficient staff to look after the animals, in a word, all things necessary to enable us to organise a service commensurate to the necessities of the situation. With such elements of success, seeing the results obtained under the conditions we have mentioned, are we not justified in asserting that our success would have been still greater? It is, however, far from my intention to blame the Dutch government, which showed us great consideration. We had not been there more than a fortnight when, in consequence of the results obtained in that short space of time, it granted to us all the advantages accorded to veterinary surgeons of the country in governmental employ; moreover, it promised to indemnify us for all the expenses we had incurred in travelling, living,

and furnishing medicines. When, after a month's residence, we quitted Schiedam, for lack of cattle affected with the disease, in order to return home, the Dutch government was much displeased. It hastened to send the ambassador to us to beg us to return; but as these negociations were unsuccessful in consequence of the opposition of the veterinary surgeons, then the Dutch government considered itself bound to not only to make good its promises to us, but to reward us in the most generous manner. We cannot say as much for the conduct of the veterinary body towards us; its hostility was so great, that had it not been for the firmness and independence of character of M. Van Dyck, the burgomaster of Schiedam, and the two councillors, we should have been unable to treat any cases at all. We were not allowed to treat any animals until they were certified to be very ill by the veterinary surgeons resident in Schiedam; it was especially in this matter of certifying that those gentlemen showed their hostile disposition; they put off doing it as long as they could; whilst they procrastinated the disease went on, and thus it often happened that we had animals handed over to us already in the last stage of the disease, thus affording us very little chance of curing them.

It remains to speak of the symptoms of this terrible disease, and of the treatment employed by us to combat it. This I shall do in as succinct a manner as possible, in order not to encroach too much on your valuable time.

When a beast is attacked with the typhus, it keeps aloof from the others, hangs its head, ceases to eat or chew the cud; if it is a milch cow, the milk is soon suppressed. In some beasts, a viscid, whitish fluid comes from the nose and mouth; at the commencement, the extremities, horns, ears, nose, feet, become alternately cold and hot, but if the disease is not ameliorated, the coldness alone predominates, and death is not long in taking place. Sometimes the typhus is complicated with pneumonia; in such cases, the breathing is much quickened, the breath hot, thirst great, the nostrils widely dilated; cough dry and frequent, sensitiveness of the skin to the touch, heavings of the flanks;

the beast straddles its front legs, and does not lie down. This complication, which my eminent companion so well understood, was observed several times, and it demanded a change in the treatment which shall be presently alluded to. But to return to the symptoms of typhus. At its commencement, the stools are generally dry, dark, and like bullets; but after a period varying from twelve to twenty-four hours, this gives place to a diarrhœa generally very liquid, sometimes greenish, sometimes yellowish, greyish, even whitish; in the last case small shreds of the intestinal membrane are to be found, as we have frequently ascertained. The motions are sometimes bloody, accompanied by violent tenesmus, and dysenteric in character; the diarrhœa is sometimes so violent that the fæces seem to run from the animal uninterruptedly; the mouth has aphthæ and ulcerations; the same symptoms are observed in the nostrils, which excrete a greenish-yellow mucus, which forms a thick scab; it is very difficult to remove this, and it can only be done by moistening it with warm water.

The eyes are filled with tears and mucus, sometimes slightly reddened; the skin in some of the beasts shows a curious symptom; on passing the hand along the back, true crepitation is felt. The hair is rough and staring. In the cow the vagina is covered with whitish-yellow mucus disposed in stripes, and which soon passes into a reddish-blue colour, a sign that the disease has become very bad. On separating the lips of the vulva they emit a very fetid odour. The position in which the animals stood was also abnormal, some of them brought their hind legs close together, and towards the forelegs; others, on the contrary, straddled them out, in order to gain a surer footing. All the animals affected with typhus manifested signs of suffering when considerable pressure was made on their spine. The symptoms indicative of approaching death are very quick plaintive groaning breathing; the beast looks constantly towards its abdomen; the extremities become cold; gradually the whole body grows cold; finally, trembling comes on: it increases and death ensues. Such is the typhus as we observed it in Holland in the greater

number of cases; still we must say it did not always present these symptoms. There is a kind of typhus called by us the thundering (foudroyante) form, which carries off its victims in a few hours; there is complete suppression of all the secretions and excretions, and if they are not quickly restored, the beasts swell out in an extraordinary manner, and die as if killed by lightning.

As regards the causes of this formidable disease, I shall say nothing; the most contradictory hypotheses have been broached respecting it. All I can say is, that it is highly contagious, that it is propagated by a miasm developed by circumstances unknown to this day.

I shall not describe the alterations found at the post-mortem examination, although we made several. The blood remains fluid, and acquires a brownish-black colour; the intestines are beset with blackish gangrenous spots; the spleen, liver, stomach, and even the lungs, sometimes show great alterations.

It is time to speak of the treatment we carried out. Among the medicines indicated, *Arsenic* certainly holds the foremost place. It corresponds best to the disease in the totality of its symptoms. We commenced the treatment with *Arsenic*, when there were no inflammatory symptoms, nor pleuro-pneumonic complications, nor symptoms leading us to fear the "thundering" form of which I spoke a short time ago. We usually gave six drops of the 6th dilution in water every quarter of an hour, every half-hour, every hour, or every two hours, according to the severity of the case, until amendment ensued. This sometimes took place after twelve hours, but generally from twenty-four to forty-eight hours, and sometimes three to four days elapsed before the beast was quite convalescent. We met with cases that were still more obstinate, that required eight and even twelve days of uninterrupted treatment. As long as *Arsenic* appeared indicated we continued to give it till a cure took place; and it alone sufficed to cure some of our patients. When inflammatory symptoms were superadded, characterised by rapid pulse, red eyes, warm breath, quick groaning and plaintive respiration, heaving of the flanks, we

began with *Aconite*, and then went on to *Bryonia* and *Belladonna*. We often alternated these last two medicines, and they generally sufficed to allay the inflammatory symptoms in a few days. If the typhus was not at the same time cured by these two medicines, as several times happened, we returned to *Arsenic*. I should add that *Bry.* and *Bell.* are two medicines worthy of particular attention in the cattle plague; in several apparently desperate cases, when *Arsenic* appeared to be the medicine, but in which it did no good, we were able to save the beasts by these two remedies. They did not seem to be indicated unless the beasts had quick groaning breathing, heaving of the flanks, &c.

When there was diarrhœa, with bloody motions and violent tenesmus, *Arsenic* relieved, but did not cure. *Mer. corr.* was here of great advantage, for under its influence the dysenteric diarrhœa disappeared in from twenty-four to forty-eight hours.

In the "thundering" typhus spoken of, *Datura stramon.* restored the secretory and excretory functions, especially those of the urinary organs, and we recovered several beasts in a few hours. *China* was also of much use in the mother tincture and 1st dilution, in cases where the beasts had become very weak. It helped to make them convalescent.

Cantharis is also an important remedy. In cases of typhus it is not rare to see retention of urine come on, characterised by urgent and ineffectual efforts to pass water, with painful emission drop by drop; *Cantharis* always speedily removed these symptoms; that is to say, in from twelve to twenty-four hours. *Rhus* and *Phos.* were also useful. In two cases which we almost despaired of, they succeeded in restoring the animals in from six to seven days. In these cases *Arsen.* was of no use.

When the animals became convalescent, several of them had divers eruptions, attended by great itching. Sometimes they had small pimples very close together, sometimes scabs, following small pustules filled with fluid. The exanthema was never general, at least so far as we saw. It

sometimes occupied the back, sometimes the belly, sometimes other parts of the body. *Sulphur* is the remedy for these exanthemata. We gave five to six grains of the 3rd trituration morning and night. If the eruption persisted we alternated the *Sulph.* with *Arsen.*, giving one in the morning, the other at night. Nine to ten days were usually needed to cure this eruption. We always regarded these eruptions as a favorable sign, and believed them to be salutary crises. We cannot agree with M. Simthor and others who allege that *Arsenic* is the only remedy for this disease.

We cannot too strongly insist on the necessity of individualising every case. At first we confined ourselves to the employment of *Arsenic* recommended by those authors. But after an experience of nine or ten days, we practised as much as possible truly homœopathically, which should be always done, and we found we were more successful. We gave all our medicines in the 6th dilution, sometimes we gave the 12th and 3rd, but the 6th seemed to produce the best effects. During the first fortnight we gave to 125 beasts, as a preventive, one drop of *Arsen.* 12 night and morning. Four only of these took the disease; we afterwards learnt that a larger number had been attacked, but that most of the farmers neglected to give the preventive, and that chiefly on account of the difficulty they encountered in making the beasts take it, especially the oxen, which were wild from being so long out at grass and could not be approached without danger.

The result of our trials has been very favorable to homœopathy. The old school acknowledged their complete powerlessness to cure this dreadful disease. One of the most distinguished veterinary surgeons of our country said, at the meeting of the Central Agricultural Society, that the medical art was defenceless against this pestilence, and he added that on every occasion when it had meddled with it, the mortality had been greater than when the disease was left to itself. Homœopathy has the right to hold a different language, and after the success obtained in those districts where the disease was most deadly she can point to a great superiority over her rival. After numerous

unfortunate trials, allopathy is reduced to the terrible predicament of having to recommend the indiscriminate slaughter of all beasts in an infected locality.

We should have felt obliged to Dr. Seutin if he had descended to greater details in his paper, and given us not only the exact numbers treated by himself and colleagues—these were published at the time with the attestation of the Dutch authorities—but the details of the treatment, and some histories of the most remarkable cases.

SIMILIA SIMILIBUS CURANTUR: A CONFESSION, THOUGH NO CONFESSION OF FAITH.

By Dr. Elb, of Dresden, Medical Councillor.*

Standing still leads to retrogression in science as well as in the living organism; progress is life and development; therefore every science must decline which remains sticking at its starting point; that science only can endure which is capable of continual further researches, and the application of the results of them to its purposes.

This general proposition may be applied not only to the collective domain of medical science, but also to our homœopathy as a part of that science. They are therefore involved in unpardonable error who maintain that homœopathy from its very beginning was promulgated as a perfect whole, that it needs no completion, no further development, and that the maxims set forth in the *Organon* are immutable. If we peruse the history of homœopathy, we find in the earliest specimens of our literature attempts to oppose certain of Hahnemann's maxims even in his lifetime.

This opposition became constantly more powerful and included a continually increasing domain—as experience afforded greater material for the proving of the maxims enunciated—and as medical science in general reached a higher

* From Hirschel's 'Zeitschrift,' March, 1868; translated by Dr. Hutchinson, of Manchester.

stage of development. It followed therefore, of necessity, that the better knowledge of disease through improved diagnostic appliances, as also of the changes occurring in the interior of the organism during disease, should have a decisive influence on our therapeutics as well as on the arrangement of our materia medica.

Any one looking back over the last twenty years must be surprised at the demands which are now made for accuracy in the indications for a medicine in particular cases compared with those that formerly sufficed, and at the demands which are now made for a real physiological proving of medicines. Plainly stated, the homœopathy of to-day is no longer that of thirty years ago.

Many things added by pushing certain theories to an extreme point on the part of our master; much that was not confirmed by experience; much that rested upon incorrect theoretical views, and which could not be brought into harmony with the results of later researches, has been given up, though amid violent opposition. Nothing is left but the skeleton of Hahnemann's theory, the three cardinal points; the law of similarity, the proving of drugs on the healthy subject, and the sole employment of single proved remedies.

But in fact the laying down of these fundamental propositions, which contain the quintessence of the homœopathic doctrine, is sufficient to establish for ever the fame of Hahnemann, and to assure the continuance of homœopathy. Treason has indeed been committed from time to time against these points, but such attempts have been only passing phenomena, they have never been able to establish themselves, but have soon passed into oblivion.

The acknowledgment of these fundamental propositions which the last meeting of the Central Society adopted, involves no kind of compulsion; it is no veto on the freedom of investigation in the realms of science, for should any one come forward to offer us anything better as the result of his inquiries and experiments, we should be among the first to welcome such a progress and join ourselves to it.

And supposing that some one should discover another and more certain law of cure than ours, another and, at the same

time, surer way than the one we follow, to predetermine the action of remedies in disease, this would be the foundation of quite a new therapeutics, but it would no more be homœopathy. But so long as nothing surer and better than the homœopathic law of cure is to be had, let us hold fast to homœopathy; and only those physicians, in our opinion, rightly claim the title of homœopaths who publicly acknowledge the above-mentioned fundamental maxims and make them their guide in practice.

The homœopathic law of cure is not the only one, but of the existing ones the most rational and sure; nevertheless, let us not refuse to face the fact, that it is not yet sufficient for all diseases. And just as little can we deny that also under antipathic and allopathic treatment, which last also includes hydropathy, successful results are obtained. Nevertheless, treatment, according to the law *similia similibus curantur*, and the rule so inextricably bound up with it, namely, the employment only of single remedies which have been proved on the healthy subject, has opened out to us quicker and surer results; therefore it is that we have enrolled ourselves under the banner of homœopathy, and therefore will we remain true to it so long as we see exemplified in it the best principle of cure. And in spite of this open acknowledgment of our first principles, while we are still convinced that liberty of investigation in every direction must be guaranteed, partly for the perfecting of what already exists, partly for the discovery of the new, we are not the less strongly of opinion that scientific researches cannot float about in the air, but that they must have a definite starting-point, which may not be left without losing the basis for further investigations. The starting-point for homœopathy is the frequently-mentioned three cardinal laws.

Let any one substitute, for example, for *similia similibus curantur* the isopathic principle, he then follows another therapeutic law and one only applicable in a few cases. Let another employ unproved drugs; such a one follows no rule at all; he is only an experimenter, hardly an empiric. Let a third mix drugs together; he can never reckon upon accuracy in his results, and is only a speculator. In these

three cases even the use of small doses would give no right to the title of homœopath, while, on the contrary, the administration of comparatively large doses, so long as the three laws in question are held firm, would not constitute a departure from the rule of homœopathy.

The need of a positive foundation is the more urgently demanded since, as already mentioned, the majority of homœopaths, and especially those who are not mere echoes but men of independent minds, have been induced to reject many of Hahnemann's maxims partly as non-essential, partly as even injurious.

Thus we regard Hahnemann's psora theories in their generality as not founded on experience, and only acknowledge the fact that any suppression of cutaneous eruptions, particularly when chronic, is frequently followed by other chronic diseases. Our way of regarding disease has also altered and become harmonious with that of the later school; we indeed acknowledge freely that the totality of symptoms is the outwardly reflected picture of the internal disease, but must not the less express our belief that we can seldom content ourselves with any such picture, since we are in many cases able to apprehend the internal processes—that it is these we regard as the essential, that the reflected symptoms are very often deceptive, seeing that identical arrays of symptoms may be frequently occasioned by entirely different pathological conditions—a point of the greatest importance in therapeutics.

The necessity for diagnosis is thus expressed, and this statement in turn determines another study and another working out of the *Materia Medica Pura*. What we want as the result of physiological provings, is not a bare collection of symptoms flung together without order, and torn out of their connexion; we want to know the cause of the symptoms; we insist upon diagnosis of drug action, as much as on that of disease.

The result of all this is, that Hahnemann's directions for the physiological proving of drugs, and still more his mode of arrangement, are utterly unsatisfactory in the present position of homœopathy; we must pointedly insist

that all the auxiliaries of physical, microscopical, and chemical diagnosis are to be employed, and their results duly registered.

In the enumeration of these defects, we must guard ourselves from the charge of wishing to reproach our master. His views of disease, and his apprehension of the action of drugs connected therewith, no longer apply to our own time, and it was the pitiful diagnosis of his age, which he so rightly lashed, that led him to those views, for he was unwilling to allow its errors to deform his new doctrine.

We are of the firm opinion that with the modern means of diagnosis, Hahnemann would have made something quite different of homœopathy; much strife within and without would have been spared us, and the position of homœopathy in medical science would never have been called in question.

Further, we have freed ourselves from the dogma of a normal dose suitable for all cases; we no longer believe in the week-long duration of the effect of a single small dose; we no longer ascribe any curative power to the smelling of diluted drugs; finally, we no longer acknowledge that by progressive dilution of medicines their effect is increased.

To sum up, it is evident that for all schools of homœopaths the only bond remaining is the three beforementioned maxims. Supposing these now, as just stated, to be the foundation of homœopathy, and that their truth is not to be doubted; yet this does not exclude the fact, that in their practical appreciation many different views may be taken, without touching the validity of the maxims themselves.

Within these limits, there is still a wide field for scientific investigation, and what we propose to say presently will prove that we regard the acknowledgment of these fundamental principles in no sense as a hindrance to their further development. Thus we now desire, for example, without derogating from the truth of the maxim that the powers of medicines are to be discovered by provings on the healthy before their employment on the diseased, a more precise method of research, and one more accordant with the present position of science; and just as little does the doctrine that only single proved medicines are to be employed suffer when we couple

the choice of such simple medicines with other requirements than Hahnemann enjoined.

In like manner we do not invalidate the truth of the principle *similia similibus curantur* if we seek for a more intelligible and scientific mode of explanation, one that shall exclude all false expositions and errors, if we also acknowledge in theory what we daily carry out in practice, if to speak plainly, we do not hesitate to express openly that Hahnemann's explanation of *similia similibus curantur*, namely, "choose, in order to cure, pleasantly, speedily, and durably, in every case of disease, a medicine which can excite similar sufferings to those it can cure," is unsatisfactory, and at the same time furnishes an excuse for a symptomatic method of prescribing unworthy of a physician. What, in the first place, do we mean by "similar," what are similar sufferings? Since, according to Hahnemann's own expression, perfect identity can only be found in two cases of disease, and therefore a drug disease can never be quite the same as a natural one, it follows that differences and varieties must exist, the greatness or smallness of which determine the similarity.

Where is then the limit to be found within which a drug disease is to be regarded as the simile of a natural one? how great, and in what parts may differences and even opposites be present without a remedy ceasing to be homœopathic? On this point the above explanation gives no answer, it has not only a positive but also a negative side, and therein lies its chief fault, which is also the reason that homœopathy is reproached with having no scientific basis. Nevertheless, an indestructible truth lies at the root of our law of cure, only it is necessary to bring it to light.

Hahnemann himself, in fact, felt the necessity of establishing the conception of the desiderated similarity more exactly, and would not admit any drug to be the most homœopathically appropriate, unless the greatest number of similar symptoms were found in it. For he says in the *Organon*, 5th ed. § 164, "The small number of homœopathic symptoms present in the best chosen drug is no obstacle to the cure so long as these few drug-symptoms are mainly of an uncommon kind and such as

are peculiarly distinctive of the disease (characteristic)." Again, § 153:—"In seeking for a homœopathically specific medicine, it is the remarkable, peculiar, uncommon, and characteristic signs and symptoms of the case which are particularly and almost exclusively to be attended to, for it is to these that the very similar ones in the symptomatology of the required drug must principally correspond in order that it shall be the appropriate one for a cure. The more general and undefined, such as, anorexia, headache, weariness, restless sleep, discomfort, &c., deserve little attention when of that vague and indefinite character, unless they can be more accurately described, because all such generalities are seen in almost every kind of disease and under nearly every drug," and for the completion of these rules he makes the remark in a note to § 67: "A homœopathic medicine is not necessarily to be regarded as unsuitable, even if some few of the drug symptoms are actually antipathic to some slight ones of the disease, so long as the rest, the more strongly marked and characteristic symptoms of the disease, find their similars in the symptoms of the same drug." There lies in these rules, otherwise so worthy of deep consideration, already a certain limitation of the similarity, a hint of what is particularly to be observed and which lies in the special so-called characteristic symptoms of the disease and the remedy; and we entirely agree with him in this if such rarer and more peculiar and more marked symptoms were really characteristic of the disease. We are, however, of the opposite opinion that the characteristics of a disease do not lie in certain rarer, more striking and violent symptoms, as these may often be quite accidental and often quite worthless for distinguishing the nature of the disease, but that the characteristics of the disease rest upon signs which are always present in a definite connexion and represent collectively the picture of a definite disease. And on applying the same standard to ascertaining the character of a drug, we find it to consist not in the more violent, striking, and rarer symptoms, but in those which the drug has caused in the healthy most frequently in the same form, the same connexion, and under the same

conditions. We apprehend, also, in opposition to Hahnemann's view, the characteristics of a drug and of a disease, to consist not in that which accidentally distinguishes them, but in that which essentially causes the existing phenomena. Were it the case, as, perhaps, it appears to some persons to be, that the more striking, rare, and violent symptoms which have not yet been observed in other medicines are the characteristics of a drug, it could easily happen that, in the future, when a larger number of remedies have been proved, that none would possess anything characteristic; our reason, on the other hand, tells us that the mode of action of a medicine must remain, in all circumstances, unchangeable, and can never be destroyed.

How easily such a mode of judging of those so-called characteristic symptoms can lead to mistakes in the choice of the remedy an example will illustrate. Let us suppose a patient complains of tightness and shortness of breath, anxiety, with increase of his sufferings on motion and on lying in bed at night; these are all uncommon, striking and violent enough morbid symptoms, which, however, are found in the greatest similarity under a large number of remedies; still one would not venture to guarantee a successful result from a medicine chosen only according to the similarity of these symptoms. It might indeed correspond symptomatically, while really quite non-homœopathic, unless by lucky accident, as a blind hen finds a grain of corn, for the characteristics of the disease are wanting for comparison, and lie simply in the morbid process on which the symptoms depend, and no one can think it indifferent for therapeutics, whether the morbid process is hyperæmia or emphysema of the lungs, a pleuritic exudation, a disease of the heart, or a spinal irritation.

This limitation, therefore, gives as yet no sufficient basis for a comparison of disease and drug symptoms under all circumstances. We are always uncertain as to what essentially constitutes the required similarity. Shall we then take as a basis another *tertium comparationis?* Shall we consider it a sufficient similarity when we, for example, in pneumonia, choose a remedy which shows in its physiological effects

inflammations in other organs, or another disease in the lungs? There would indeed be in both cases a similarity present, but such a procedure would certainly not be homœopathic.

As it seems, then, impossible to define beforehand the limits of the required similarity with certainty in all cases, we give up the single but many-meaning word "likeness," and express our law of cure much more accurately and certainly, according to Hahnemann's own idea, if we require that the homœopathically corresponding drug must have produced a disease *identical* with that which it is to cure, and that we, therefore, when we want to cure pneumonia, must choose a remedy which is capable of also causing a pneumonia in the healthy organism. This postulate contains no novelty, it is only a plain acknowledgment of what every practical physician does consciously or unconsciously in most cases of disease. All doubts about the meaning of "similar" are hereby removed; and, moreover, it is here declared that symptomatic treatment is foreign to the homœopathic curative principle, and that we cannot do without accurate diagnosis in homœopathic treatment; finally, it follows that a check is put upon treatment by the laity. The reproach of unscientific treatment will no longer be able to be made against homœopathy which has, through this conception of *similia similibus curantur* obtained theoretically a scientific basis, such as it has long since gained in practice.

We shall, therefore, hardly be accused of apostasy if we, conformably with what we have above stated, declare it necessary for our purpose that we lay aside for the future the Latin formula *similia similibus curantur,* which hitherto has been employed to express concisely our law of cure, as not quite harmonising with our views and practice, and instead of it choose for our device the Greek motto —"*τα ὅμοια ὑγιαίνονται διὰ τα ὅμοια,*" — which is much more expressive, not less intelligible to physicians of all nations, and by no means new. For in the word *ὅμοιον,* is contained not only the conception of similarity, but also that of identity, and therefore our mode of

cure cannot be more appropriately designated than by the name *homœopathy*.

But if, in particular cases, a pathological process is not discoverable, the diagnosis cannot be made out accurately, as, for instance, in many neuralgias, toothaches, &c., how then is the demand for identity to be answered? If we cannot have the best, the only thing is to make the most of the nearest to it, that is, we hold ourselves, in such cases, bound only to harmonise the recognisable external phenomena—or we are compelled (to call the child by the right name) to treat symptomatically, as likewise all other schools of therapeutics do in similar cases. At the same time we have always this advantage, that the doubtless present, but to us inappreciable, inner root of the disease may be reached by the medicine in identity, and thereby radically cured, even though in place of claiming a certainty we can only claim a probability of a right selection. A hesitation between various medicines, a frequent change of prescription, is the result of uncertainty in the diagnosis, a disagreeable position in which every practitioner must often enough have been placed. But although, as we have already hinted, brilliant cures are not unfrequently effected by this often unavoidable mode of treatment, still it cannot be made a precedent for thinking that such a bare similarity of symptoms shall always suffice, or even be the cause of the result obtained, for what is to be regarded as exceptional, as a makeshift to compensate deficient pathological knowledge, can never be proclaimed as a principle.

But should any one reproach us that we content ourselves, as regards the choice of the homœopathic drug, with an identity of the pathological process, he would show a misapprehension of our standpoint. We regard this identity of the natural and medicinal disease only as the first requisite, as the most indispensable condition, by which we are directed to a certain narrower circle of suitable remedies, and are protected from gross errors. After the establishment of this general identity in kind, we equally require as before to attend to the special and individual, and the more identical the accompanying symptoms of the disease and

drug are, so much the more appropriate will the latter be and so much surer the result, for only a drug thus chosen is truly homœopathic.

We have still to consider another difficulty which often enough presents itself when we attempt to carry out the principle of identity of kind, we mean the still very defective state of our *Materia Medica Pura.* It would lead us too far away from our point to discuss this subject at present; suffice it to say that to supply the considerable deficiencies in the physiological provings, the valuable treasure of our experience *ab usu in morbis*, obtained after many ineffectual attempts, goes a great way to supply these deficiencies. And to this let us add that scarcely any of the faults in the construction of the *Materia Medica Pura* could have been committed, if Hahnemann, instead of a symptomatic likeness, had taken into account the identity of the pathological process, as the *tertium comparationis.*

A more complete but dispassionate consideration of this subject in our journals were much to be desired, and it would assuredly not be fruitless. I trust the German Homœopathic Society at its next general meeting will take the matter up, and come to some practical conclusion upon it. An agreement with what is desired in this public confession is in no sense synonymous with an upsetting of our hitherto chief therapeutic rule; its object, on the contrary, is to give that rule a firmer and more scientific basis, and to give it, by means of a few slightly different words, a clearer and more intelligible formula, which makes it superfluous to have recourse to far-fetched expositions, to artificial expansions and limitations.

We take leave, finally, to propose for the acceptance of the next general meeting of the German Homœopathic Society as well as to foreign homœopathic societies, the following statement of our law of cure:

"Select, in order to cure diseases gently, quickly, safely, and durably, such drugs as have caused identical diseases in the healthy human organism."

AN ACCOUNT OF DR. JOHN HARLEY'S PHYSIOLOGICAL EXPERIMENTS WITH CONIUM, ATROPINE, AND HYOSCYAMUS; WITH COMMENTARIES.

THE narrative of the experiments above named forms the Gulstonian lectures for the present year. We hail with natural pleasure the choice of such a subject. That it was determined by the "deplorable" state of the therapeutics of the day is stated by Dr. Harley in so many words. That the experiments have taken the form of the "proving" on the healthy human body insisted upon and inaugurated by Hahnemann is evident from their aspect. That their results are in all respects conformable to those of our own school, and confirmatory of the doctrine of similarity, we hope to show as we proceed.

An account of these lectures is given by the author himself in the *British Medical Journal* of March 28th, April 4th, and April 11th, of the present year.* We propose in the following pages still further to curtail his narrative by omitting all matter not strictly relevant to the provings.

The first medicine selected for experiment was *Hemlock*, the *Conium maculatum*. Of the physiological action of this drug, Dr. Harley writes as follows:

"The first plant that engages our attention is *Hemlock*. The history of *Conium* presents a most discouraging view of the progress of medical knowledge. It is clear to me that the ancient Greek physicians possessed an accurate knowledge of the physiological action of this plant; and it is equally clear that this knowledge has become grossly obscured in after-times, and that error from time to time has crept in, until at last the truth with regard to this plant has been so overclouded by it as to be at last and in our own day almost indistinguishable. A glimmering of the ancient light has occasionally appeared to those who have undertaken to investigate the properties of this plant; but the general state of our knowledge may be summed up in the words of two

* The epitome in the *Medical Times and Gazette* is so brief as to be misleading.

of our most eminent therapeutists. Ten years ago, Pereira wrote: 'In the present state of uncertainty with respect to the real physiological operation of *Hemlock*, it is obviously impossible to lay down indications or contraindications for its use which can be much relied on.' (Vol. II, part ii, p. 202.) Dr. Christison closes his admirable investigations upon the active principle of this plant with the following remarks. 'I wish I could have added to these observations on the poisonous effects of *Conia* and *Hemlock* some account of their physiological action in small doses. This branch of the inquiry into their action I have not yet been able to investigate; it cannot be pursued with any accuracy by experiments on the lower animals. The phenomena must be ascertained in the human subject chiefly, which I have not hitherto been able to accomplish. On this head, it may merely be observed that, if any physicians or physiologists would acquire definite information as to the physiological effects of *Hemlock* in small or medicinal doses, they must begin the inquiry anew. Little importance can be attached to anything already done in this field, as I have no doubt whatever that by far the greater proportion of the preparations of *Hemlock* hitherto employed have been of very little energy, and, in the doses commonly used, are absolutely inert.' (*Edinburgh Philosophical Trans.*, vol. XIII, p. 398.)

"Since these words were written, little or nothing has been done in the direction which they indicate; and they are as generally applicable at the present time as they were when they were first uttered. Reference to the most modern and approved treatises on the actions of medicines shows how little, apart from its bare toxical effects, is known of the physiological action of *Hemlock;* and a critical examination of the preparations most recently provided for our use, and of their doses, prove, as I shall hereafter have occasion to show, that, as a medicine, we are practically ignorant of the virtues of this most valuable plant. I do not here speak of the toxical effects of *Hemlock*, which have been well illustrated in one or two fatal cases that have occurred in the last few years. Experiments, too, on its toxical effects on the lower animals, are most exhaustive and complete. Leaving then, the *corpus vile* nearly altogether out of consideration, I shall devote myself almost exclusively to a consideration of the subtle agency of this plant in man, and, generally speaking, in the able-bodied.

"Having assured myself of the effects of *Hemlock* in my own

person, I have been thus able to fully appreciate its operation in others, and to proceed much more boldly than I could otherwise have done without such personal knowledge.

Physiological Action of Hemlock.—The *first* effect of *Hemlock* is a depression of the motor function; and its *last* is the complete obliteration of all muscular movement derived from the cerebro-spinal motor tract.

"The earliest effects of *Hemlock* are determined by the condition of activity of the individual. If, after a dose of *Conium*, he should continue to use his legs, the effect will most probably be first felt in these parts. If he remain in a state of comparative rest, the effects will be first declared in the eyes.

"After taking three drachms of the succus of the *British Pharmacopœia*, I set out walking; and, three quarters of an hour after the dose, I felt a heavy clogging sensation in my heels. There was a distinct impairment of motor power. I felt, so to speak, that 'the go' was taken out of me. After walking about a mile uphill, this sensation was very decided; and, on putting a foot on the scraper at the door of the hospital, the other leg was shaky, and felt almost too weak to support me. My movements appeared clumsy to myself, and it seemed necessary that I should make an effort to control them. At the same time, there was a sluggishness of the adaptation of the eye. My vision was good for fixed objects; but, when an uneven object was put in motion before the eyes, there was a haze and dimness of vision, producing a feeling of giddiness. The pulse and pupils were unaffected. These were the whole of the effects; and, after continuing for an hour, they rapidly disappeared, and left me in the possession of my usual vigour.

"If a strong, active individual take five or six drachms of the succus on getting up in the morning, and start off for a long walk, he will be overtaken in the course of half or three quarters of an hour with a feeling of general tiredness, and a special weakness of the knees, as if he had been regularly tired out by walking all day to the full extent of his powers. If he be unusually active and strong, he will not, perhaps, yield to the inclination to rest, but will proceed slowly on his way, feeling a strange lightness and powerlessness of the legs, with a tendency to drop forward on his knees. This will be associated with some giddiness, and a feeling of heaviness over the eyes. At first, the feeling of languor will be most oppressive, but it will soon become more tolerable

and, if he should continue his journey for an hour, he will find that the feeling of fatigue has by this time nearly passed off. In the course of another hour, he will be as active as ever.

"The following were the effects produced in my own person during a period of rest, and they contrast well with the foregoing. Three quarters of an hour after taking five drachms and a half of the succus conii, on raising my eyes from the object upon which they had been fixed to a more distant one, the vision was confused, and a feeling of giddiness suddenly came over me. That these symptoms were due to impairment of power in the muscular apparatus employed in the adaptation of the eye, was obvious to me; for, so long as my eyes were fixed on a given object, the giddiness disappeared, and the definition and capacity of vision for the minutest objects were unimpaired. But the instant that I directed the eyes to another object, all was haze and confusion, and I felt giddy; and, in order to recover my vision and dismiss the sense of giddiness, it was necessary to lay hold upon some object, as it were, with my eyes, and rest them securely upon it. It was clear to me that the adjusting muscular apparatus of the eye was enfeebled, and its contractions so sluggishly performed that they could no longer keep pace with the more active movements of the external muscles of the eyeball. Within ten minutes of the appearance of this disorder of vision, a general muscular lethargy affected me, and the eyelids felt as heavy as if they were oppressed with the deepest drowsiness. The pupils were considerably dilated. I sat down to note these observations; but, being afraid to maintain this posture, lest the rapidly increasing muscular lethargy should get the better of me, I rose up again and tried to shake it off. An hour and a quarter after taking the dose, I first felt decided weakness in my legs. The giddiness and diminution of motor power continued to increase for the next fifteen minutes. An hour and a half after taking the dose, these effects attained their maximum; and at this time I was cold, pale, and tottering. The pulse, which had been emotionally excited by the sudden accession of the foregoing symptoms, was now 68, quite regular, and of undiminished force and volume. The legs felt as if they would soon be too weak to support me. There was a positive diminution of voluntary power in every part of the muscular system, and this nearly amounted to complete paralysis as far as the hamstring and levator palpebræ muscles were concerned. At one time, the greatest exertion was

required to elevate the eyelids. The mind remained perfectly clear and calm; the brain active throughout; but the body seemed heavy, and well-nigh asleep. After continuing for about half an hour at their maximum, the symptoms began rapidly to decline, and within three hours and a half of taking the dose they had totally disappeared. As a proof of this, I may mention that, for the hour following the disappearance of *Conium* symptoms, I was engaged in writing letters; I then walked briskly a distance of three miles, and finished the day's work by drawing a microscopic object.

"In order to illustrate the further effects of *Conium*, I select the following examples.

"1st. I gave to a man, æt. 57, of powerful muscular development, the *Succus conii*, in doses increased from three drachms to an ounce. The medicine produced no appreciable effect until the quantity was increased to six drachms. This dose was followed, twenty minutes after taking it, by sudden giddiness, and so much weakness of the legs as rendered the patient incapable of walking; so that he was obliged to lie down. There was an aching pain across the eyebrows, and mistiness of vision. He could hardly raise the eyelids, which seemed pressed down with a heavy weight; and he was disposed to fall off to sleep. After twenty minutes, he got up and walked a mile; but the legs were so weak that they could hardly support him; the knees tended to fall forwards; and his gait was tottering. An hour and a half after the dose, the effects had almost entirely passed off, and he felt as if nothing unusual had happened to him. On another occasion, after taking an ounce, these symptoms were repeated; but the accession of the giddiness and weakness was so rapid, that he would have fallen, but that he caught hold of a support. In this case, the symptoms continued a little longer than when only six drachms were taken.

"2nd. A delicate young woman, of inactive habits, took four drachms of the *Succus*. Twenty minutes afterwards, and while attending to her usual duties, she experienced nausea and giddiness. She dropped an inkstand which she was holding in her hands, and was unable to walk; and she was placed in the recumbent posture. These symptoms came on with alarming swiftness, and the pulse went up to 120 from emotional excitement; but in a few minutes the heart regained its usual quietude, and she remained perfectly composed and calm, but without

power to move the arms or legs. An hour after taking the medicine, there was nearly complete muscular paralysis; the eyelids were closed, the pupils widely dilated; and the mind perfectly clear, calm, and active. She tried perseveringly to raise the eyelids when I requested her to do so, but she was quite unable to separate their margins. The pulse and respiration were normal; the surface warm. At the end of an hour these symptoms passed off; and after three hours she had completely recovered her activity, and resumed her duties. The next day, she complained of slight wearisome pain in the muscles of the legs.

"Such are the general and constant effects produced by *Hemlock* when administered in full medicinal doses. When the dose falls short of producing any of the above-mentioned symptoms while the individual is in a state of ordinary activity, then we have absolutely no indications of the action of *Hemlock*.

"In my own person, I have sometimes thought that, in the absence of any appreciable symptoms, a feeling of dulness and depression might be attributed to its use; but, from my observations in others, I am rather inclined to attribute this to the anxiety about the expected operation of the medicine. When the eyes and legs are both at rest, then a feeling of languor will be the only effect of a dose of *Hemlock* just sufficient, when these organs are in active play, to produce slight and transient giddiness and weakness of the legs. The operation of *Hemlock* is uniform and invariable in man; and the same remark doubtless applies to the lower animals also. All animals, I believe, who possess voluntary motion, may be brought within its influence.

"It has sometimes been doubted whether the horse is liable to its influence; but this doubt is solved by the following experiments made by Mr. Frederick Mavor, of Park Street, and myself upon a thoroughbred two year old colt. At intervals of a week, we gave the *Succus conii* of the *Pharmacopœia*, in doses of six, eight, twelve, and sixteen ounces, by the mouth. No effects followed any but the last dose. He continued lively, and eating his food as usual, until twenty-five minutes after the last-named dose, when he was observed to remain standing stockstill, with the ears fallen, and the head and neck hanging down; the upper eyelids swollen and drooping, so as to nearly cover the eyes. He presented at the same time a dull, heavy, tumble-down appearance. The pulse, pupils and tongue were unchanged. An experienced veterinary surgeon happened to come in at the time; and, ob-

serving the general expression of languor exhibited by the animal, and the swollen and nearly closed eyelids, said, 'That horse has the influenza, so prevalent just now.' Five minutes afterwards, and as he was standing stockstill, the animal dropped upon his knees, and, in recovering his position, nearly tumbled down. After a little stumbling, he regained his legs, and continued for the next twenty minutes in the same state of dulness and perfect quietude as before, excepting that now and then, when a fore or hind leg gave way, he was obliged to exert himself and regain his equilibrium. At the end of this time, he was walked out. After a little stumbling, he went along slowly and languidly, with the ears down, the head and neck depressed, and the eyelids half closed, swaying a little as he went. Two hours afterwards, the effect had entirely passed off, and he was as active and lively as before the dose. The head and ears were erect; the swelling (from muscular relaxation) and drooping of the upper lids had disappeared; the pulse was of good volume and power, and unchanged. No excreta were voided during the action of the medicine.

"[The lecturer next proceeded to inquire more particularly into the action of *Hemlock* upon particular parts of the nervous system—the third nerve, the hypoglossal, the reflex function of the cord, and upon the cerebrum itself. He contrasted its effects with those produced by alcoholic intoxication, and sought in the physiological action of *Hemlock* some explanation of the phenomena of sleep. He then continued.]

"The whole motor function of an individual under the full influence of *Conium* is actually asleep; and this is the simplest view that we can take of the physiological action of *Hemlock*. It is to the corpora striata, to the smaller centres of motion, and to the whole of the motor tract, precisely what *Opium* is to the brain of a person readily influenced by its hypnotic action; and just as *Opium* tranquillises and refreshes the over-excited and weary brain, so does *Conium* soothe and strengthen the unduly excited and exhausted centres of motor activity.

"At first sight we should be apt to regard *Conium* as a depresser of the motor function, and consequently of the muscular vigour; but this, I am convinced from repeated observations, would be a very erroneous view of its action; and I am prepared to say that, in repressing and removing irritative excitement of the motor centres, *Conium* is a *tonic* to these parts of the nervous

system in cases which require its use. I have administered *Conium* for months—in one case, for more than six months—daily, and in such doses as have usually produced its full physiological effects; and the result has invariably been an improvement in the general nutrition and vigour of the body. It is doubtless by removing sources of central irritation of the nervous system that *Conium* acts thus indirectly in improving the nutrition of the body.

"The influence of *Conium* appears to be in proportion, not to the *muscular strength* of the individual, but to his *motor activity*. This is a very important conclusion. It is derived from the following facts:

"1. The operation of *Hemlock* in the same individual varies in degree according to his motor activity. A dose of *Conium*, which in the ordinary condition of the patient shall be just sufficient to produce the peculiar effects of the plant in a mild degree, will, during the exhaustion following a profuse seminal discharge, operate much more decidedly and intensely.

"2. Those leading a sedentary inactive life are more readily affected by *Conium* than those of active habits. A delicate person of active habits will, therefore, bear a larger dose of *Hemlock* than one possessing abundance of strength with but little energy.

"3. An active restless child will often take, with scarcely any appreciable effect, a dose of *Conium* sufficient to paralyse an adult of indolent habits; and such as would reduce a powerful muscular man to a tottering condition, and force him to assume the recumbent position, and retain it for a quarter of an hour or more.

"The general inference from these observations is that the dose of *Conium* must be proportioned, not to the muscular strength of the individual, but to the degree of his motor activity, functions which the operation of *Conium* indicate to be so far distinct from each other. Indeed, it appears that by means of *Conium* we may comparatively measure the bodily activity of the individual. Having completed his investigation of the phenomena and sensible effects resulting from the operation of *Hemlock*, the lecturer, in seeking an explanation of the *modus operandi* of the active principle of *Conia*, was brought to consider the questions of its effects upon the *sympathetic system* and of its *elimination* from the body. With regard to the first of these questions, he failed to recognise any effect upon the sympathetic nervous system, and consequently upon the heart and the secretions.

"Fully recognising the beneficial influence of *Conium* upon nutrition and pain, he attributed these results to its power of allaying the nervous irritation, to which the continuance, at least, of the morbid process, might fairly be attributable. Its anodyne power in cancer of the stomach or bowel he considered to be the result of muscular relaxation in the diseased parts, rather than to any direct influence upon the sensory nerves—the *Conium* being to the muscular parts involved in the cancerous disease, what the knife is to the sphincter muscle of the bowel when in a condition of irritable ulceration.

"With regard to the elimination of *Conia*, he had failed to observe it in the pulmonary and cutaneous exhalations, or in the urine. The latter excretion was searched most carefully, and by different processes, but no trace of *Conia* could be obtained. The urinary secretion remained unchanged during the action of the medicine, as shown by the analysis of the urine of a male patient, aged fifty-one, secreted during the half hour immediately preceding a dose of one ounce of the *Succus conii* of the *British Pharmacopœia* (Urine A), and that which was secreted during the next two hours and a quarter, the period occupied by the full operation of the medicine and its decline, so as to leave the patient in his usual condition (Urine B). Both specimens of urine had precisely the same physical characters—a full sherry colour, clear, naturally acid, and a specific gravity of 1023·2.

"1,000 grain measures of the urine A contained—

Chlorine . . .	5·5 grains.
Urea . . .	16·0 „
Phosphates and Sulphates .	10·2 „
Uric acid, normal amount.	

"1,000 grain measures of the urine B contained—

Chlorine . . .	5·66 grains.
Urea . . .	16·6 „
Phosphates and Sulphates .	10·5 „
Uric acid, normal amount.	

"In some cases, the solid constituents were more abundant in the urine passed before the action of medicine; in others, more abundant in that passed after the operation of the drug; the variations in all cases having reference to the time of ingestion of the last meal, and being altogether independent of the action of the *Conium*.

"In treating of the second part of his subject, viz., the therapeutical uses of *Conium*, the lecturer brought forward several interesting cases of nervous disease, and showed the power which *Conium* possesses in controlling and subduing the convulsive diseases of children in particular. He advocated its use in chorea, cramp, tetanus, and in some forms of epilepsy. In pertussis, laryngismus stridulus, and other spasmodic affections due to derangement of the vagus nerve, he stated that his experience of *Conium* had been exceedingly satisfactory. In all cases of irritability of the spinal cord, and especially in cases of undue excitement of the sexual organs, the beneficial action of *Conium* was very marked. I cannot too strongly insist, he observed, on one point, viz., that a dose of *Hemlock* which falls far short of producing the peculiar physiological effects of the plant, is of no more use in the treatment of the diseases to which it is adapted, than an ordinary dose of *Quinine* would be in the treatment of ague. Having satisfied myself, by careful observation of the patient, as to the quantity required to produce the earliest indications of *Hemlock* action, viz., slight and transient giddiness with a little weakness of the knees, I prescribe a repetition of this dose every other, or every day, or even twice a day.

"In tetanus it will be necessary to administer from three drachms to one ounce of the *Succus conii*, and repeat it at intervals of two or three hours. If there be any difficulty in giving it by mouth, it may be administered by rectum.

"Our ignorance of the therapeutical use of *Conium* is declared in the preparations which have been, and still are, furnished for our use, and in the doses in which these are recommended. The extract of *Conium*, when most carefully prepared, does not contain more than one per centum of *Conia;* and of this preparation five grains would generally be insufficient for a child two years old, while not less than twenty or thirty grains would be required to produce in a slight degree the physiological effects of *Conium* in an adult of moderate activity. The dried leaf and the preparations derived therefrom are absolutely inert, and the tincture of the fruit lately introduced into the *Pharmacopœia* is equally useless. If two ounces of either the *Tinctura conii P.L.*, or of the *Tinctura conii fructûs* be taken, absolutely no *Conium* effects will result. The only reliable preparation is the *Succus conii*. From two drachms to one ounce of it will, according to the motor activity of the individual, invariably produce the full

physiological action of *Hemlock*, and the beneficial effects which may be expected to follow. I usually give a child, six months old, twenty or thirty drops of the *Succus conii;* a child over two years old, one drachm; one ten years old, from one to two drachms. For a woman, I prescribe two or three drachms; and for a man, four or five drachms. From these initial doses I ascend until the peculiar effect of *Hemlock* is declared. Having once attained this, it is rarely necessary to increase the dose, for the system rarely manifests any considerable toleration of *Hemlock*, and a dose which produces a given effect will, after six months' continuance of the medicine, usually influence the patient to the same extent at the end of that time. The Succus is not liable to any appreciable variation, and it will keep unimpaired for years. But, for a complete examination of the medicinal value of the preparation of *Hemlock*, I must beg to refer you to some papers which I contributed last year to the *Pharmaceutical Journal.*"

Upon these exceedingly interesting statements we would first remark, that they present nothing that is absolutely new to us homœopaths. Let us take Dr. Hughes' *Manual of Pharmaco-dynamics* as embodying the knowledge current in our school. We read there that the "essential phenomena of the poisonous influence of *Conium* evidence that it directly paralyses the spinal cord from below upwards, killing at last by gradual asphyxia." The only point in this statement which may be modified is the "from below upwards." It would seem that if the experimenter remain at rest after swallowing his dose, the muscles of accommodation of vision are the first to feel the failure of motor power. The Athenians of old seem to have known the influence of activity on the action of *Hemlock:* for Plato tells us that the gaoler who gave Socrates his fatal draught directed him to walk about until his legs grew heavy, and then to lie down. It will have been observed above that by continuance of exercise the symptoms pass earlier away.

When, moreover, Dr. Harley hints at the "influence of *Conium* upon nutrition" we have preceded him. Dr. Hughes goes on to say "While this is the main action of *Conium*, there is no doubt of its exercising an influence

also in the vegetative sphere." But under this head he collects a number of physiological and therapeutical facts which Dr. Harley has completely ignored. We would call his attention to these: and, if he questions their authenticity, would suggest to him a mode of verifying them. Having now ascertained the nature and duration of the effects of a single large dose, let him try the result of administering repeated small doses—say a drop three times a day for the first day, two drops for the second day, and so on for a month. We shall be much surprised if he does not find that *Conium* has an "influence upon nutrition" alike more profound than he supposes, and of a precisely opposite character. He will find that the sexual activity of his provers will diminish, and even that their mammæ and testicles show signs of wasting; and rashes will break out upon their skin. With some, moreover, a dry, hacking, almost continual cough, worse at night and on lying down, will be developed which will set him thinking upon what principle *Conium* acted so well in his hands in the treatment of "spasmodic affections due to derangement of the spinal cord."

It is hardly necessary to call attention to points of these experiments of special interest to ourselves,—the modification of the action of the drug induced by the "conditions," as rest and motion, the amount of motor activity of the subject, and so on; and the great superiority of the "*Succus*" over all other preparations of the drug,—the said "*Succus*" being just a tincture prepared upon the Hahnemannian method. We pass now to the experiments made with *Atropine*.

We say *Atropine*, and not *Belladonna*, as the alkaloid seems nearly always to have been used instead of the crude drug, and we cannot admit the absolute identity of the two. The following is Dr. Harley's account of his experiments:

"Observations were made upon man, the dog, and the horse. The effects following the subcutaneous injection of increasing doses of *Sulphate of Atropia* in man were first considered. The fiftieth of a grain of this salt is usually sufficient to produce the

full effects of the plant; and, briefly summed up, the following are the effects of a full medicinal dose:—An acceleration of the pulse from twenty to seventy beats, with a slight increase in its volume, and a considerable increase in the force of the cardiac and arterial contraction; a general diffusion of warmth throughout the cutaneous surface; a slight throbbing or heaving sensation in the carotids; a slight feeling of pressure under the parietal bones; giddiness, heaviness, and drowsiness, or actual somnolency, accompanied by a tendency to quiet dreamy delirium and nervous startings; complete dryness of the tongue, roof of the mouth, and soft palate, extending more or less down the pharynx and larynx, rendering the voice husky, and often inducing dry cough and difficulty of deglutition; a parched condition of the lips; occasional dryness of the Schneiderian and conjunctival mucous membranes; and increasing dilatation of the pupils.

"After continuing about two hours, the dryness of the mouth suddenly gives way to a viscid, sticky, acid secretion, of a peculiar and very sickly offensive odour; and the mouth becomes foul and clammy, and the tongue usually covered with a white fur. A short time before moisture returns to the mouth, the pulse is observed to fall, and it now rapidly resumes its ordinary rate and character. The pupils have now reached the maximum degree of dilatation; but they will still contract to a fourth, sixth, or even eighth of an inch, varying according to the original dimensions of the pupil, when exposed to the brightest light.

"During the action of the medicine, there will be a slight elevation of the temperature of the surface, rarely exceeding one degree; and a still slighter and less appreciable rise of the internal temperature of the body. No difference will be observed in the rate of respiration, except, as may happen in a nervous woman, a little emotional excitement on the sudden accession of the giddiness. The breathing will be as tranquil as before the injection. The patient occasionally heaves a deep sigh, or more frequently gives a prolonged yawn as he sits still in a dull, apathetic, or drowsy condition.

"After the pulse has resumed its ordinary rate, and the mouth has moistened, the giddiness and drowsiness pass off, and the patient appears tolerably lively and brisk in mind and body; but he will himself continue to feel for some hours longer such languor of body and mind as will render him incapable of active bodily or mental exertion. A little dimness of vision also remains; and

occasionally there is so much that the patient is unable to thread a needle or even to read.

"As far as I have observed, headache, either during the action of the medicine or afterwards, is a rare and exceptional occurrence. The desire for food returns soon after the operation of the medicine; but, during its action, insalivation and deglutition are almost, if not quite, impossible.

"If a larger dose than is sufficient to produce the above symptoms be given, there will be superadded a fluttering sensation in the cardiac region; slight delirium, manifested by picking and other motions of the hands and fingers in the air, as if they were in contact with real objects; muttering and smiling; staggering, or complete inability to walk.

"The same symptoms, including *acceleration* of the pulse, follow the administration of *Belladonna* or its active principle by the alimentary canal. The operation of thirty minims of a *Succus Belladonnæ* prepared by Messrs. J. Bell and Co. was noted in six adults, male and female. The *Belladonna* action was fully developed in all within an hour. The pulse in one was accelerated only ten beats; in another, twenty beats; in a third, twenty-six beats; in two others, forty beats; and in the sixth, a youth of twenty, the cardiac systole was more than doubled, the pulse rising from 60 to 140 beats. Associated with this acceleration of the pulse, the other effects of *Belladonna* were fully developed; but there was no observable increase in the respiratory movements. The sixth individual, in whom the acceleration of the pulse amounted to eighty beats, did not, throughout the three quarters of an hour during which this maximum acceleration of the pulse continued, outwardly manifest nor express the slightest excitement; the respirations never exceeded eighteen, and at the time when the cardiac excitement first reached its acme, and afterwards, the respirations numbered fifteen or sixteen, and were natural and easy. Hence it is clear, first, that *Belladonna* has no action on the vagus nerve; and secondly, that its effects are precisely the same, whether it be administered by the skin or by the stomach.

"Certain conditions which interfered with the action of *Belladonna* were then lightly touched upon.

"1. Children, as Dr. Fuller has observed, are remarkably insusceptible to the action of *Belladonna*. They occasionally bear very large doses before dryness of the mouth or cerebral effects

of any kind are produced; but, as far as I have observed, the stimulant effect upon the heart and the dilatation of the pupil are as readily induced in young people as in adults and old people.

"2. Amongst adults of apparently equal vigour, some are more susceptible to its action than others; and the ninety-sixth of a grain will sometimes produce as much effect upon one individual as double that quantity upon another.

"3. The influence of pregnancy is doubtful; but, in a patient now in the sixth month of her pregnancy, I have used *Atropia* subcutaneously a great many times; and the thirty-fourth of a grain never produced in her case greater effects than the forty-eighth of a grain in most other individuals.

"4. The fixed alkalies, as Dr. Garrod has observed, by decomposing the active principle, annul the operation of *Belladonna*. This, however, only occurs after a time; for, if the caustic alkali was mixed with the *Belladonna* or *Atropia* only a few minutes before it was administered, it in no way interfered with its action. Further, caustic ammonia and lime water have the same destructive action upon *Atropia;* and the latter, used in large quantities, promises to be the appropriate antidote in cases of *Belladonna* poisoning.

"*Elimination.*—The kidneys are active in the elimination of *Atropia* from the minute when it enters the blood until it is entirely removed from the system. In the case of a full medicinal dose, about two hours are required for this purpose. Availing myself of its dilating action upon the eye, I have repeatedly demonstrated the presence of *Atropia* in the urines of different individuals, eighteen, nineteen, and twenty minutes after the subcutaneous injection of the forty-eighth and even the ninety-sixth of a grain of *Sulphate of Atropia*. This fact is readily demonstrated by dropping into the eye, at intervals of ten or twenty minutes, for two or three hours, one or two drops of the urine. Twelve drops of eight ounces of urine secreted during the two hours and a half that the patient is under the influence of the forty-eighth of a grain of the salt, will be sufficient to dilate the human pupil from one tenth to one sixth of an inch in diameter. That the ninety-sixth of a grain of *Sulphate of Atropia* —a quantity doubtless insufficient to destroy an infant—may be detected in the urine, is a fact of considerable importance in a medico-legal point of view. Nature, moreover, will commonly

aid us in our search by retaining the urine within the bladder for our examination.

"In ten patients, the urines secreted immediately before and during the operation of the medicine were analysed. The result was uniform. During the action of the *Belladonna*, the urea and the sulphates and phosphates were increased; and, as a rule, the chlorine was proportionately diminished. The increase of the urea was disproportionate to, and considerably less than, that of the phosphates and sulphates.

"The following analyses will show the results of the operation of *Belladonna* upon the system, as indicated by the proportion of the solid constituents of the urine. It is to be observed, that no food was taken between 3.30 p.m. and 10.30 p.m.; and that the urine passed at 9.45 p.m. was excreted at the end of a long fast. While the amount of water remained normal, the solid constituents are observed to have undergone such an increase during and for some hours after the *Belladonna*-action as to exceed that of the chylous urine voided at 7.30 p.m.

"Thomas F. R—, æt. 28, the subject of chronic albuminuria. No œdema. All the urines had the same general characters—freely acid, light sherry-coloured, bright and clear, and free from any microscopical elements.

"Urine passed at 8 a.m., on rising, being the quantity secreted from 11.45 p.m. to 8 a.m. next day, f℥x; specific gravity 1015·6. 1000 gr. measures contained—chlorine, 2·62 grs.; urea, 13·33 grs.; phosphates and sulphates, 7·2 grs.; albumen, 0·52 grs. Uric acid normal.

"Urine passed at 6 p.m. the same day, two hours and a half after a hearty dinner, f℥vii; specific gravity, 1022·8. 1000 gr. measures contained—chlorine, 4·92 grs.; urea, 20 grs.; sulphates and phosphates, 9·71 grs; albumen, 1·30 gr. Uric acid normal.

"Urine passed at 7·30 p.m., immediately before the injection of one forty-eighth of a grain of *Sulphate of Atropia* beneath the skin, in quantity, f℥ii℈, being all secreted since 6 p.m.; specific gravity 1023·2. 1000 gr. measures contained—chlorine, 4·64 grs; urea, 22·33 grs.; phosphates and sulphates, 10 grs.; albumen, 3·34 grs. Uric acid, an excess.

"Urine passed at 9.45 p.m., two hours and a quarter after the injection of the *Atropia*, and when its operation had declined, f℥iiiss; specific gravity 1022·8. 1000 gr. measures contained—

chlorine, 4·50 grs.; urea, 23·33 grs.; phosphates and sulphates, 11·06 grs.; albumen, 3·29 grs. Uric acid, an excess.

"Urine passed at 9 a.m. next day, being all that was secreted from 9.45 the previous evening up to this time (a basin of soup, a little bread, and four ounces of light beer, were taken at 10.30 p.m.), f℥xivss; specific gravity 1023·6. 1000 gr. measures contained—chlorine, 3·33 grs.; urea, 28·33 grs.; phosphates and sulphates, 13·95 grs.; albumen, 1·44 gr. Uric acid, an excess.

"It appears from the foregoing observations that the operation of *Belladonna* is very closely allied to, if it be not identical with febrile action, such as occurs in meningitis, in enteric or typhus fever, &c.

"How far the action of *Belladonna* illustrates the causation of the febrile condition, is a question of the highest interest. If we take the simplest view of the action of *Belladonna*, it is that of direct and powerful stimulation of the sympathetic nervous system; and, indeed, in children and many of the lower animals, this is so far the chief effect, that it may be regarded as almost the only one. During the operation of medicinal doses of *Belladonna* the heart contracts with increased vigour, the arteries increase in tone and volume, and the capillary system fully participates in this general excitation of the circulation. A diffusion of warmth is felt throughout the body. The increase of the urinary constituents I assume to be the result partly of the excitement of the nervous centres, and, in medicinal doses, those of the sympathetic system almost entirely; and partly of the increased flow of blood through the kidneys; the former action resulting in an increase of phosphates, and the latter in an increase of the urea. The increased oxidation required in the process is a necessary consequence of the increased flow of blood through the lungs. I have already stated that *Belladonna* does not affect the respiratory movements; but there can be little doubt, I think, that the lungs themselves are quietly eliminating an increased quantity of carbonic acid from the blood as it is rapidly passing through them.

"*Atropia*, as we have seen, is in the true sense of the word a *diuretic*, and a more powerful one probably than any other that we possess. It does not appear to diminish any of the special secretions, not even the saliva. The inner surface of the cheeks and lips, and sides of the tongue, where the simple racemose glands chiefly reside, are rarely or never dried during the action

of *Belladonna;* and in one patient, who suffered from intense neuralgia of the temporal ramifications of the fifth nerve, associated with such excitation of the sublingual glands, if not of the submaxillary also, as to result in perpetual slobbering, the secretion from these glands was in no way diminished when, as occasionally happened, a severe paroxysm of pain occurred during the operation of *Atropia*. The drying of the mucous membrane of the upper part of the alimentary and respiratory passages, and the exudation of the strongly acid and peculiarly offensive and sticky secretion upon these parts are facts difficult to explain. The distribution of four distinct nerves to the tongue is remarkable, and an explanation of the above-mentioned phenomena must be doubtless attributed in general terms to some disturbance of the reciprocal actions of the gustatory and sympathetic, and probably of the glosso-pharyngeal also. That *Belladonna* can *moisten* the tongue as well as *dry* it, is a fact which I have several times observed. A quarter of an hour after injecting a small dose of *Atropia* beneath the skin of a patient suffering from typhus, I have seen the tongue, which has been for days hard, parched, and cracked, swell out again and become moist. But this favorable change is only of short duration.

"Other points connected with the operation of *Belladonna*, such as dilatation of the pupil, are too well known to require any consideration here. But I cannot leave the subject without mentioning one interesting fact which I have several times witnessed, as showing the antagonism of the sympathetic and third nerves, in the dilatation and contraction of the pupil. Just at the time when the dilatation of the pupils was beginning, after a dose of *Belladonna*, I have called in the patient from a subdued light, and placed him at a distance of three or four feet from an ordinary gas-lamp. On examining the pupils, I have now and then been astonished to find them decidedly smaller than they were under the same circumstances before the injection. This contraction has persisted for several minutes, when all at once the pupil has given way and become broadly dilated. It would seem from this observation as if the third nerve had been roused to unusual exertion just at the time when the increasing influence of the sympathetic began to be first felt, and that the sudden stimulus of light had called forth its opposing energy to such a degree that for a few minutes it was able to repress the rising

force of the sympathetic, which a little later on would become overpowering.

"*Therapeutical use.*—A study of the physiological action of *Belladonna* has led me to regard the plant in a new light as a curative agent. First and foremost, it is a direct and powerful stimulant to the sympathetic nervous system, or, in other words, to the heart. Secondly, it is a potent diuretic. Thirdly, by virtue of its stimulant action on the circulation, it is a means for increasing the oxidising processes within the body. Its influence as an anodyne is so fully acknowledged, that I shall omit consideration of this action upon the present occasion.

"First, as a *cardiac stimulant*. It is remarkable that this, the primary and essential operation of *Belladonna*, should have been so long neglected. This plant should stand at the head of all our stimulants; for there is no medicine in the whole materia medica which at all approaches *Belladonna* in its simple, direct, immediate, and powerful influence in exalting the force and rapidity of the heart's action. In all conditions and diseases, therefore, in which there is a depression of the sympathetic nervous influence, such as syncope from asthenia, or shock; in the collapse of cholera; in failure of the heart's action from chloroform or other cardiac paralysers—the subcutaneous use of *Sulphate of Atropia*, in doses varying from the hundredth to the fortieth of a grain, is the appropriate and most hopeful means of resuscitation.

"With a view more of ascertaining the influence of *Belladonna* in progressive failure of the heart's action in inanition, than of hoping for a permanent good result, I injected the two-hundred-and-fortieth of a grain of *Sulphate of Atropia* into the arm of an infant ten weeks old, at a time when, excepting a few beats now and then, the pulse was imperceptible at the wrist, and the cardiac systoles only 80. Within four minutes, the pulse rose to 100, and each beat was quite perceptible at the wrist. In eight minutes it had increased to 110, and was quite regular and distinct. The stimulant continued for the next three hours; and at the end of this time the pulse was 100, of good volume, and of sufficient force to bear compression without obliteration. The respiration remained unaltered, and the pupils dilated from one twelfth to one seventh of an inch. The stimulant effect upon the pulse continued to within half an hour of the death of the child, five hours and a half after the injection of the *Atropia*.

"As a *diuretic*, *Belladonna* may be used in cases of *suppression of urine*, whether accompanied by uræmic symptoms or not. As both the sluggish circulation and the torpid kidney are simultaneously aroused by the medicine, there is ground for expecting a restoration of the renal secretion.

"In *acute nephritis*, we may hope for beneficial results from the use of *Belladonna*, which, coming in contact with the irritated and congested organ, will doubtless calm the nervous irritation, and at the same time contract the dilated blood-vessels. I am at the present time busily employed in determining the effects of its operation in congested and inflammatory conditions of the kidney; and, so far as my experience goes, I am led to expect beneficial results in both states.

"In *chronic albuminuria*, *Belladonna*, I believe, will prove very serviceable, provided that the kidney has not passed into the degenerative stage bordering on fatty degeneration. In one case, Charles E—, æt. 35, who had been under my care for three months for an acute attack of nephritis, commencing with excessive œdema of the legs and exudation of albumen, I administered a single dose of *Atropia* with the following result:—On the 10th of January, he had so far improved under the influence of astringent chalybeates and hydragogue purgatives, that there remained but slight pitting of the integuments over the tibia; and the urine, when boiled and heated with nitric acid, gave only a small precipitate of albumen—enough, however, to render the fluid completely opaque from the presence of small flocculi of albumen. At 8.30 p.m. on the day above mentioned, I injected the forty-eighth of a grain of *Sulphate of Atropia* beneath the skin; and he passed at that time urine A. The *Atropia* produced full effects; and at 10.30 p.m., when these had passed off, he voided urine B with some difficulty and in small driblets. Urine A had a specific gravity of 1022·4, and contained exactly a grain of albumen in 1000 grain measures. Urine B was of specific gravity 1024·4, and contained only half the quantity of albumen present in urine A. Four days afterwards, the patient presented himself at the hospital, and reported himself quite well. The œdema of the legs was entirely gone. He passed urine in the prescribing-room; and repeated examination by my clerks and myself showed that the albumen had quite disappeared. The patient has not attended since, from which I infer that he continues well. He had presented himself regularly at the hospital the previous three months,

and the urine was regularly examined. The albumen was observed to be slowly diminishing in quantity, but it had never been absent from the secretion. It appeared, in this case, that the kidneys had received a sudden impulse to healthy action.

"In another case, that of John B—, æt. 25, who had been under my care for two years continuously for acute, passing into chronic albuminuria, the albumen, which had long been stationary, began to decrease rapidly in amount under the influence of the same treatment.

"The effect of a powerful dose of *Atropia* upon the kidneys in chronic albuminuria is well seen in the analyses above given. It will be observed that there was a decided diminution of the albumen during the operation of the medicine. The result by the operation of *Belladonna* in these cases must be accepted as the best proof of the condition of the blood-vessels generally during that operation. It is quite clear that there is no impediment from contraction of the arteries on the one hand, or from dilatation of the capillaries on the other, to the flow of blood through the kidney. On the contrary, it appears that the vessels of the gland are aroused by the action of the drug into a healthy state of excitement; a condition highly favorable for the nutrition of the organ, and the removal of chronic disease. As a means of promoting oxidation of the blood, *Belladonna* will doubtless prove of essential service in the uric and lactic acid diathesis. I have employed it in rheumatic fever with marked success. I inject the fiftieth or fortieth of a grain of the *Atropia* salt into the integument over the affected joint, as soon as the first indication of inflammatory action arises in the part. The anodyne action is so direct, speedy, and enduring, that the use of *Opium*, which, excepting for its anodyne and hypnotic actions, is decidedly objectionable in this disease, is altogether unnecessary. The subcutaneous use of *Atropia* in other acute diseases is a wide field for inquiry, and promises, as far as my observations extend, to be a most interesting and encouraging one."

One or two of the symptoms here elicited, as the acceleration of the pulse and the condition of the urine, are additions, and valuable ones too, to our pathogenesis. Dr. Harley's inference from them is interesting. "It appears from the foregoing observations that the operation of *Belladonna* is closely allied to, if it be not identical with febrile

action, such as occurs in meningitis, in enteric or typhus fever, etc." If he would come among us for a little while he would find *Belladonna* in daily use in the treatment of intra-cranial inflammations, and of the cerebral complications of typhus and enteric fever. Nor will he be surprised any longer at finding that it can "moisten the tongue as well as dry it" in these fevers, as he says he has several times observed. He will recognise this as a part only of its general beneficial, because homœopathic, influence over the whole morbid condition.

About this drying of the throat and tongue there appears at first sight a little difficulty. It is represented in Dr. Hughes' book as "the result of the arrest of secretion which accompanies congestion and inflammation. *Belladonna* is hence tissue-irritant to this portion of the alimentary mucous membrane." The practice of our school in administering it in inflammation of the throat bears out this doctrine. Dr. Harley's experiments point rather to its analogy with the dry tongue and throat of fever, in which there is no tendency to inflammation of these parts. We cannot at present explain the apparent contradiction; but there is no doubt that both views are true. That *Belladonna* has more than once produced soreness, redness, and even aphthous inflammation of the throat is certain; that it is curative in similar conditions we are equally sure. We claim the same credence for these statements as for those of Dr. Harley about the power of *Atropine* to dry the healthy, and to moisten the febrile tongue. And there we leave the matter for the present.

Of *Hyoscyamus* Dr. Harley writes as follows:

"*Hyoscyamus*, or its active principle, when given in small doses, and such as are insufficient to produce positive dryness of the mouth, rapidly subdues ordinary excitement of the pulse, and reduces it, within an hour or two, to its slowest rate; that is to say, to that condition in which it may occasionally be found after a long period of complete rest of mind and body. For example, the pulse of a man ordinarily engaged shall be 80. After a small dose of *Hyoscyamus* (one-fortieth of a grain of *Sulphate of Hyoscyamia*, or four drachms of *Tincture of Henbane*), it will gradually

fall to 60 or 50. In another person, whose pulse may be 72, we shall at the end of the same time find it steadily beating about 45. Schroff states that the three-hundred-and-thirty-third of a grain of *Hyoscyamine* reduces the pulse from 79 to 18. In all my experiments with *Hyoscyamus* and its active principle, I have never observed the pulse to fall lower than 42.

"After doses (one-sixteenth to one-twelfth of a grain) sufficient to produce complete dryness of the tongue and hard and soft palates, the pulse will generally experience an acceleration of ten or twenty beats, and be increased slightly in force and volume. This change in the pulse will be observed in from ten to twenty minutes after the subcutaneous injection of *Hyoscyamine*; the acceleration does not usually continue for longer than twenty or thirty minutes, and rarely lasts for an hour. Then the pulse slowly declines, and gains a little in force and volume. It usually decreases about five beats for every interval of twenty or thirty minutes, until, at the end of from an hour and a half to two hours, it attains its minimum rate. Apart from these accelerating or depressing effects upon the pulse, the following symptoms will be observed after moderate doses (one-thirtieth to one-twenty-fourth of a grain). In ten to twenty minutes from the time of injection, the tongue more or less completely dry, rough, and brown, the hard and soft palates dry and glazed, excessive giddiness and a weight across the forehead, somnolency, the cheeks occasionally a little flushed, and the membranes of the eye sometimes slightly injected. After continuing for about an hour, these symptoms pass off; and the tongue and hard and soft palates become covered over with a sticky, acid, offensive secretion, agreeing in all respects with that observed after the action of *Belladonna*. The pupils slowly dilate during the latter part of the action of the medicine, and at its close attain their maximum degree of dilatation.

"If larger doses than one-twelfth of a grain be given, the above-mentioned effects will be increased in degree, and prolonged for two or three hours; and they will be accompanied either by wakeful, quiet, and usually pleasing delirium, with illusions of the sight; or with such excessive somnolency that the patient cannot keep the eyelids raised for a few seconds, but, when aroused, lapses again into a dreamy sleep, broken by occasional mutterings and slight jerking of the limbs. In either case, the power of

maintaining the erect posture will be lost, and at best the patient reels like a drunken man.

When taken by the mouth *Hyoscyamus*, or its active principle, produces exactly the same effects. They are fully developed about an hour after the ingestion of the medicine.

Three ounces of a *Succus Hyoscyami* prepared for me by Mr. Buckle, of 77, Gray's Inn Road, produced effects equal in degree and duration to one-eighth of a grain of the *Sulphate of Hyoscyamia** used subcutaneously. A fluid-ounce of this succus, or of the common tincture, or fifteen grains of good extract, are about equivalent to the fortieth of a grain of the sulphate introduced by the skin.

"Children will usually bear a very large quantity of *Henbane*. I have frequently given a fluid-ounce of the succus, or tincture, to children under 12 years old, with no other effects than an acceleration of the pulse thirty or forty beats, continuing for an hour and then gradually declining; and, towards the end of the action, a moderate dilatation of the pupil. The mouth has remained clean and wet throughout; and there has been no trace of giddiness or sleepiness.

"The effect of *Henbane* upon the lower animals is the same as in man. Under the influence of *Hyoscyamine*, the cat becomes dull and lethargic; she walks slowly and clumsily, with the belly near the ground, and loses all spring, and, if placed upon a slight elevation, hesitates so long to jump down, that she eventually slips off the edge and tumbles awkwardly to the ground.

"In the dog, precisely the same symptoms are observable; but, in this animal, the medicine appears to have as much influence in accelerating the pulse as *Atropia* itself; and, as far as my experience goes, I should be unable to say whether, in a given case, the animal were under the influence of *Hyoscyamus* or of *Belladonna*. *Hyoscyamus* does not give so much force to the action of the heart as *Belladonna* does; but this is a difference only to be appreciated by a comparative experiment.

"In its action upon the system, *Hyoscyamus* appears to be intermediate between *Opium* and *Belladonna*, possessing as it does, on the one hand, powerful somniferous properties second only to *Opium* itself, and, on the other, an influence upon the sympathetic

* The *Sulphate of Hyoscyamia* used in these investigations was prepared by the lecturer from the seeds of the biennial plant. It was of a light-brown colour, semi-crystalline, and highly deliquescent.

nervous system, as indicated by the pulse, secondary only when given in larger doses, to that possessed by *Belladonna* itself.

"Compared with *Belladonna*, it is distinguished by a preponderance of deliriant or somniferous properties. Compared with *Opium*, it agrees, on the one hand, very closely with that drug in its cerebral effects, provided we take a wide view of the operation of both medicines upon the system; while, on the other, its influence upon the pulse, upon the mucous membrane of the mouth, and upon the pupil, place it in strong contrast with that drug. In addition to its cerebral and sympathetic effects, *Henbane* has a powerful depressent influence upon the motor function, and thus comes into relationship with *Conium*.

"I have referred the chief effects of *Belladonna* to its stimulant action upon the sympathetic nervous system; and it cannot be doubted, I think, that the more obvious effects of *Hyoscyamus* arise from the same cause; but the stimulant effect of *Hyoscyamus* is, comparatively speaking, of so short a duration, that this action, as indicated by the condition of the urinary secretion, is not very manifest.

"*Hyoscyamine*, however, like *Atropia*, is eliminated by the kidneys. It may be detected in the urine at any time during the operation of the medicine. I have demonstrated its existence in the urine twenty-two minutes after the injection of one-fifteenth of a grain of *Hyoscyamine* into the skin, and two hours and a half after two ounces of *Succus hyoscyami* were taken in the stomach. Further, it may readily be isolated from the urine, and identified and distinguished from *Atropia*. The urinary constituents themselves do not appear to undergo any diminution nor increase during the operation of *Hyoscyamus*; this will be apparent by reference to the following analysis.

Fred. C., aged 50, was the subject of neuralgic pain in the neck. I injected one-eighth of a grain of *Sulphate of Hyoscyamine* over the spine of the fifth cervical vertebra at 8.48 P.M., three hours and three-quarters after a meal of tea and bread and butter. He urinated last at 2 P.M., two hours after the meal.

Urine passed at the time of injection, two fluid-ounces, specific gravity 1016, strongly acid, pale, remained bright on boiling. 1000 grain measures contained—Chlorine, 4·56 grains; urea 14·8 grains; phosphates and sulphates, 7·01 grains; uric acid, no excess.

Urine passed three hours and three-quarters after the injection

and at a time when the *Hyoscyamus* symptoms had almost wholly passed off, nine fluid-ounces, specific gravity 1008, and lighter coloured; otherwise agreeing with the previous urine. 1000 grain measures contained—Chlorine 2·42 grains; urea, 9 grains; sulphates and phosphates, 3·75 grains; uric acid a mere trace.

"The fact of the passage of *Hyoscyamine* and *Atropia*, in an undecomposed state, through the urinary tract in their passage out of the system, leads me to the consideration of the influence of these medicines upon the bladder and kidney itself. At the end of the operation of *Belladonna* or *Hyoscyamus*, many individuals altogether fail to pass a single drop of urine, and this retention is often prolonged for several hours; but never, when the bladder is in a healthy condition, causing any inconvenience. Sometimes, after prolonged efforts, the patient is able to eject a little urine, a few drops at a time. On three occasions, in adult males, I have been obliged to remove the urine, for the purpose of examination, by means of the catheter; in each case, the No. 11 instrument passed with the utmost facility, and, on withdrawing the stylet, the urine flowed in a sluggish, powerless stream, and there was little or no indication of any contractile power behind it. It is plain, therefore, that the proper sensibility of the mucous surface of the bladder was blunted by the contact of the *Atropia* or *Hyoscyamine*, and thus the natural stimulus to contraction was removed.

"From these facts, we can readily understand the beneficial influence of these medicines upon that irritable condition which keeps the bladder in a constant state of contraction. In all irritable conditions of the kidney, and especially in the oxalic and uric acid diathesis, *Henbane* is invaluable; but I cannot tarry to adduce particular evidence of this statement. Nor will my limited space permit me to say more of the therapeutical use of *Henbane*."

There is little to be said about these experiments. We think they should lead us to admit *Hyoscyamine*, as we have already admitted *Atropine*, into our list of medicines. The "tongue more or less completely dry, rough, and *brown*," corresponds with the frequent indication for *Hyoscyamus* in the cerebral complications of the low fevers. It is of course as positive results, and not as negatively excluding others, that Dr. Harley's experiments must be taken. Thus he writes "At the end of the operation of

Belladonna or *Hyoscyamus*, many individuals altogether fail to pass a single drop of urine, and this retention is often prolonged for several hours; ***but never, when the bladder is in a healthy condition, causing any inconvenience.***" Contrast this statement with that of the case recorded in vol. xx of this Journal, p. 164. "He was affected with extreme desire to micturate, though he could pass only a few drops of perfectly colourless urine. From this time till he lost consciousness his desire to pass urine was constant; whenever he could retire he did so, but succeeded in expelling from the bladder, with considerable effort, only a few drops of colourless fluid." This looks much more like strangury than paralysis of the bladder.

The conclusion of Dr. Harley's third lecture treats of the combined actions of *Opium* and *Belladonna*, and of *Opium* and *Hyoscyamus* respectively. The experiments recounted are very interesting, and tell against the common notion of antagonism between these poisons. We see no reason, however, for transferring them to these pages.

The concluding remarks of the lecturer are worthy of attention. We wonder what our "expectant" friends will think when they find their practice classed with that of homœopathy as the "progeny of ignorance and deception."

"One word, Mr. President and gentlemen, in conclusion. The study of therapeutics in this country is in a deplorable condition. Expectancy and homœopathy, the twin progeny of ignorance and deception, have grown from a comparatively innocent childhood to most mischievous proportions. But few of us believe in the beneficial action of medicine. Many treat the subject with contempt. Some of our grey-headed practitioners mislead us. We constantly hear them saying, "The longer I have worked and the larger my experience, the less do I rely upon drugs; and I find that I am losing confidence year by year in the action of medicines." What wonder? The same men will tell us that they have never taken particular trouble to ascertain the actions of the medicines they have so long prescribed; and, journeying as they do along a doubtful path, it is indeed no wonder that they should continue to lose confidence, and, in the end, find themselves very far away from the wished for resting-place, to which

their tedious and difficult journey ought, with a more careful attention to the landmarks, certainly to have conducted them.

"Our working men resort to the microscope; and, deeply engaged in the minutiæ there displayed, neglect the better part of their calling, and fall into that *laissez faire* practice which is systematically adopted by some. The dignity of the medical profession is proportionately debased, as it ever must be if we neglect the attentive consideration of those varied and bountiful gifts which Nature has provided to our hands, and adapted, I doubt not, to the necessities of every morbid condition to which the body is liable.

"Our medical literature takes so little notice of therapeutical inquiry, that it seems to me essential that something should be done to secure a more general recognition of the importance of this branch of study. The time to cast off our apathy is indeed fully come; and, if we would restore medicine to its true and natural dignity, we must set ourselves earnestly to the work, and labour patiently and perseveringly in that field where I have just now roughly and unskilfully turned over a few clods."

These lectures are unquestionably a sign of the times. Another we have in Dr. Fuller's Committee of the Harveian Society for the purpose of instituting Therapeutical Investigations. It is about "to circulate certain questions amongst the medical men of the United Kingdom, and to ask the co-operation and assistance of the profession generally in carrying out the objects of the committee." Lest, from any cause, the questions should fail to reach the readers of this Journal, we cite them here. "Have you found any of the following drugs, viz., *Digitalis, Cantharides, Chlorate of Potash, Belladonna, Arsenic, Quinine,* and the *Tincture of the Muriate of Iron* (as distinguished from the other forms of iron) particularly useful in any special form of disease? In what form of preparation, and in what doses, are you in the habit of administering these drugs? and what results have you observed to follow their administration in the diseases to which they refer? Can you, from your personal knowledge, give any information respecting the use and doses of any drug not commonly employed? or respecting any method of treating any

disease which you have found particularly useful in your practice? or can you give information as to any fact in therapeutics not commonly known to the profession?" Answers to any of these questions will be gladly received by the Honorary Secretaries, J. B. Curgenven, Esq., 11, Craven Hill Gardens, W., and W. Hickman, M.B., 1, Dorset Square, N.W.

This ought to be a very welcome invitation to us: and we hope it will not be neglected.

ON IODIDE OF POTASSIUM.

By Dr. Henry R. Madden.

In 1863, Dr. R. Hughes and myself published a *Study of Iodine* in the twenty-first volume of this Journal,* in which we endeavoured to define its physiological action and to point out its homœopathicity to a large number of cases in which it is found useful; and we appended thereto a short notice of *Iodide of Potassium*, in which we make the following remarks:

"The *Iodide of Potassium* may be often used instead of, or in conjunction with, *Iodine*, which it resembles very closely in its physiological effects. But it has a very high reputation of its own in the treatment of secondary and tertiary syphilitic affections, and in chronic rheumatism—in both of these dyscrasiæ being especially useful where the periosteum is affected. Its power over secondary syphilis is perfectly marvellous, and forms one of the brightest pages in the ordinary practice of medicine." Again, in 1867, Dr. R. Hughes, in his *Manual of Pharmacodynamics*,† observes, "When we step out into its great field of action as a remedy for secondary and tertiary syphilis and chronic rheumatism, pathogenesy fails us as a guide. It is one of the weakest points of our theory that

* Page 529. † Page 332.

we cannot account upon the law of similars for the power of this remedy. Nevertheless, I cannot doubt that it is specific in its nature, and depends upon the elective affinity of the medicine for the tissues affected by the morbid poisons." It is my object in the following pages to grapple with this difficulty, and, if it be possible, to overcome it.

Before attempting to explain how *Iodide of Potassium* acts in those cases where it is obviously and strikingly useful, and yet where its pathogenesy throws no light upon its curative power, it will be necessary to ascertain whether these cases present anything peculiar in their pathological condition. It must be remembered that many of the beneficial effects of this drug are strictly in accordance with the law of similars, as Dr. R. Hughes and I have pointed out in our *Study*, and as Dr. Hughes has summarised in his *Pharmaco-dynamics*. It is only certain effects, therefore, which require explanation, and these are its curative power in secondary and tertiary syphilis and chronic rheumatism, and especially, in both diseases, in those cases where the periosteum is affected; to these may be added chronic induration and enlargements of glandular structures. Now, the first thing that attracted my attention when examining these cases was that they all possessed one feature in common, viz. the presence in every case of an *organized new growth*. Turning to *Virchow's Cellular Pathology*, we find it there pointed out that organic diseases consist of *deposits*, *infiltrations*, and *organized growths*. In the first there is merely a local exudation which accumulates at the point of issue; in the second, the healthy tissue becomes infiltrated with the effused matter, while in the third there is a true new formation, all the parts of which are organized and live their own, so far, independent life. Now Virchow points out that where a deposit of fibrine is found it may be regarded as the surplus of that formed *in loco* for the removal of which the lymphatics did not suffice.* I should here remark that Virchow holds the view, now pretty generally adopted, that fibrine originates in the moulting of tissue, and hence is not formed in the blood, but is an

* Page 165.

extra vascular product which the lymphatics take up and carry into the circulation. Here at once, then, we find an explanation of the utility of *Iodine* and its compounds in absorbing effused fibrine. It has been clearly shown the *Iodine* is an *adenotic depressant;* and here Virchow tells us that these deposits are owing to the lymphatics being weakened and insufficient in their absorbing power for the removal of the fibrine which has normally formed in the spot where the deposit exists; so that the action of *Iodine* and its compounds in removing the exudations around recent inflammatory centres, *e. g.* around boils, irritated lymphatic glands, &c., is strictly homœopathic, since it is the application of a depressor of the lymphatics to remove a defective functional activity of these vessels. In the cases, however, with which we are especially concerned, something more has occurred and something different is required. In the affections of the periosteum where *Iodide of Potassium* has won such laurels, the deposited fibrine has become organized and constitutes as much a living tissue as any of the normal tissues with which it is surrounded. At the same time, a node is not a mere hypertrophy of the periosteum. Rokitansky tells us that the thickening of the periosteum from chronic inflammation is owing to "a whitish layer, which may be several lines in thickness; its texture is very close, and it is as tough as leather or fibro-cartilage. It adheres closely to the bone, and seems intimately connected with it."* Here, then, is a new substance, having new properties and new tendencies—it is in fact a tissue which does not exist in the healthy body? How, then, can we ascertain what effect any drug will have upon this when conducting provings on the healthy body? The structure on which it is intended to experiment does not exist, and hence in such experiments the effects of medicine cannot be ascertained. This is a subject of such great importance, not only in reference to our present inquiry but as regards all morbid growths, that I must examine it somewhat in detail.

Virchow, who holds the doctrine of specific *irritabilit*

* *Pathological Anatomy*, vol. iii, p. 115.

as the foundation of all vital actions, refers particularly to three manifestations of this property, viz. *function, nutrition,* and *formation,* and then shows that the physiological merges into the pathological, whenever any of these become excessive or deficient. At present, we have only to do with the third or *formative changes.* Whenever this occurs in a part which is not growing, a truly pathological process has commenced, and the result is either simple hypertrophy, when the new material differs in no way from the original healthy structure, or the production of some altogether new formation which does not belong to the normal structure, such as tumours of various kinds.

Further, Virchow points out that these new formations, or "*heteroplasms*" as he terms them, should be regarded as true *parasites.* His words are "The epithet parasitical must, therefore, not be restricted to a single class of tumours, but applies to all heteroplastic forms, which do not in the course of their further metamorphoses give rise to homologous products, but furnish neoplasms (fresh formations) which in a greater or less degree are alien to the composition of the body. Every one of their elements will withdraw matters from the body which might be used for other purposes; and as it has at the very onset destroyed normal parts, and even its first development presupposes the destruction of its parent structures, it both plays a destructive part at the commencement of its career, and a depredatory one throughout its course."*

This opinion of the parasitic nature of all tumours which are not simple hypertrophies, harmonises exactly with the view of Treviranus that "each single part of the body, in respect of its nutrition, stands to the whole body in the relation of an excreted substance."†

Thus every derivative from the blood, though belonging to and remaining in the body is an excretion, and every deviation from healthy texture is a parasite. The importance of this opinion will be evident as we proceed.‡

* Virchow's *Cellular Pathology,* p. 461.

† Paget's *Lectures on Surgical Pathology,* p. 17.

‡ As I repeatedly refer to Virchow as an authority, it may be objected by

Let me follow it out a little further. It will be observed that one of Virchow's grounds for calling these neoplasms "parasites" is because they furnish materials which "in a greater or less degree are alien to the composition of the body." It surely, however, is not necessary that a visible tumour should exist. If any part of the body, although to appearance unchanged in structure, should commence to furnish materials "alien to the composition of the body," that part thus functionally altered must equally be considered parasitical. It may have the same structure as the healthy parts, but being endowed with new functions, and these at variance with what is normal, it becomes to all intents a neoplasm. For example, take the mucous membrane of the throat, we know that mere defective vitality will cause epithelium and connective tissue cells to proliferate into pus; and hence simple suppuration and ulceration become the normal expression of defective vitality. But this same membrane (at least to appearance unchanged) will, under the influence of specific poisons, such as those of *Diphtheria* or *Syphilis*, take on entirely new functions, and its defective vitality will then manifest itself no longer in simple suppuration and ulceration, but the epithelial cells will degenerate in quite a different and specific way, and form products which at once reveal to the skilled physician the character of the poison by which it is influenced. It seems to me, therefore, that any deductions which may be drawn from the parasitic nature of heteroplastic tumours, will equally apply to all specific pathological conditions wherein the product of the disease is "alien to the composition of the body."

The opinion seems to be gaining ground that in the large majority of specific diseases the origin is external to the body; or, in other words, that they commence by contagion or inheritance. In fact, the germs of the disease are conveyed to the patient from some similarly diseased

some that his views are by no means universally accepted. I would, therefore, remind my readers that the great microscopic controversy represented by the followers of Virchow, Bennett, and Beale refers chiefly to points which really trench very lightly, if at all, upon the question I am now discussing.

person either by direct descent or by infection. Once the germ is in the body it is easy to understand all the further changes. Either the germ grows and multiplies, reproducing its kind from the materials furnished by the blood to reproduce healthy tissue, or, less directly, the germ irritates the part it is in contact with, and causes it to proliferate and degenerate, and this degenerated material in its turn irritates all the parts with which it comes in contact, and causes a continuance of the same morbid product. In this latter case, therefore, the original germ may disappear, and yet the disease continue to increase. Founded upon this latter view, Virchow has laid down the rule that the more juicy a tumour is, the more likely it is to prove malignant, whereas dry formations are often stationary and local.

Another important point is, that these disease-germs may remain inactive for an indefinite time, provided the parts with which they are in contact retain a sufficient power of resistance to the irritation they cause. This is far too wide a subject for my present paper, but it contains the key to unlock many mysteries respecting the reappearance of specific diseases after apparent cure of long duration, and without a fresh infection. It also explains the reappearance of disease in the offspring long after the parents have ceased to suffer; and again, the skipping of a generation by certain specific diseases, such as gout. In all these cases, there is reason to believe they, the germs,* live

* I have frequently made use of the term "germs of disease" in the above argument, and have spoken of them as actually existing. This, however, is doubted by many who do not hold Dr. Lionel Beales' views of germinal matter as the origin of all cells, and hence of all structures and secretions. Practically, however, there is not the slightest difference between the existence of actual *germs of disease* on the one hand, and of *imparted peculiarities of differentiation* on the other. In this latter case the germs are not new, and have not been introduced from without, but they have acquired new properties, and hence they live a different life, and differentiate according to a totally different process. So long as it is distinctly understood that what is essential to the argument is the new powers acquired by the diseased parts, we may let the microscopists fight out the battle as to whether these new properties belong to new germs or to altered old germs. The fact of the change is patent, the minute anatomy thereof is extremely obscure.

on in the system, but remain latent until circumstances favorable to their development occur; just as the seeds of plants will lie for years in dry soil, and will yet germinate when once the combined influences of heat and moisture are brought to bear upon them. I think I am now in a position to investigate the question before me. Those who have followed the line of argument which has been adduced will, I think, agree to the following propositions:

1. *Provings on the healthy can only show the effects of drugs upon the tissues and organs actually present in the body.* Of course, I do not mean to assert that drugs cannot produce organic diseases; but the point to which I am anxious to direct attention is, that the pathogenetic power of a drug, when given to healthy individuals, is expended upon the tissues and organs constituting the healthy body, and hence the following proposition will also hold good, viz.:

2. *Since specific diseases* are characterised by the formation of materials more or less foreign to the body, provings on healthy subjects cannot give us any positive evidence of the effect of drugs in such diseases.* By a careful comparison of the general condition of a patient suffering under specific diseases, with the general effects of a remedy on a healthy subject, we may ascertain what medicines will indirectly benefit such patients by improving their general health. But we cannot, without experiment, foretell the direct action of any drugs upon the abnormal structures constituting the specific nature of these diseases. I am quite aware that certain drugs produce effects sufficiently similar to specific diseases to have acquired the credit of being homœopathic to them, and the similarity of their general effects have rendered them useful in the treatment of these. In every case, however, where a careful comparison has been made between the drug disease and the specific malady, the resemblance has been found to be far from close, and, indeed, in many cases, to be more appa-

* By specific diseases, I mean those which are frequently termed "blood diseases," "cachexiæ," "dyscrasiæ," &c., including all those which originate in infection, contagion, and inheritance.

rent than real; while, on the other hand, there are not wanting other examples, in addition to the one now under consideration, of drugs undoubtedly curative of specific diseases where their pathogenetic effects fail to illustrate any marked similarity of action. Those who have read Dr. R. Hughes's *Pharmaco-dynamics* will not fail to recollect several instances corroborative of these remarks; *e. g.*, *Bellad.* and *Scarlet Fever*; *Mercury* and *Syphilis*; *Colchicum* in *Gout*, and *Hydrastis* in *Cancer*, &c.

These views go far to explain how it happens that those of our brethren who follow symptomatology most closely, have practically abandoned what they term specifics for names—or what I should prefer calling specifics for concrete diseases—and affirm that in every case the entire condition of the patient, embracing to the full the totality of the symptoms, must form the ground of our drug selection. While some go as far as to assert that when organic disease is present there is no necessity that it should be represented in the proving; since if the *general effects* of the drug correspond with the *general condition* of the patient, his health will be restored and the organic disease will disappear. I shall return to this question, but in the mean time pass on to my next proposition.

3. *To effect a rapid and certain cure of specific diseases, two things are required, viz., to destroy the germs in which it originates, and to correct the general derangement.*—I do not think any one will deny the truth of this proposition, and if it is granted our case becomes clear. There are here two distinct things to be done, and the best cures will be effected by a medicine capable of doing both. But, in connexion with my second proposition, I have shown that remedies which correct the general derangement may cure by improving the general health, and thus enabling the parts to resist the irritation of the morbid germs.

Again, a drug which could destroy the germs without injuring the healthy structures would very likely cure many such cases, since if the cause is removed the effects will cease of themselves. Hence it follows that specific diseases may be cured in three ways: 1st. By destroying the germs

and correcting the general derangement by one and the same remedy. 2nd. By correcting the general derangement, in order that the germs may lose their pathogenetic power. 3rd. By destroying the germs, in order that the general derangement may correct itself. Of these, the first only is perfect and sure of success. The others are imperfect, and may hence fail of accomplishing their object. If, therefore a practitioner had all the methods at his disposal, he would undoubtedly choose the first; but if no such drug were known, he must content himself with one of the other and less perfect means. Of these, the third, when known, would be decidedly the preferable, because, once the germs of the disease are destroyed, numerous and varying means, medicinal or hygienic, might prove effectual in restoring the general health, whereas, if medicines of the second class were chosen, it might often prove difficult, if not impossible, to restore the health so perfectly that it could resist the irritation caused by the still existing germs; and, besides this, until the germs have all died out, it would only require a slight deterioration of health to originate a fresh outburst of the specific malady.

I will now inquire how a knowledge of these three classes of drugs is to be obtained. As regards the second class, viz., those which cure by removing the general derangement, our present materia medica affords abundance of material; and I would only observe that when one is limited to this class of agents in the treatment of specific diseases, one cannot be too precise and careful in the selection of the drugs, according to the totality of the symptoms. It is just in these cases that pathological views are of no use to us, and a painstaking symptomatic comparison between the drug and the disease will undoubtedly afford the best chance of success.

In respect to the first and third classes, both of which involve the destruction of the germ, we have as yet nothing but the purest empiricism to guide us. Provings in disease, or, in other words, *ex usu in morbis*, are our only available help. Something may undoubtedly be learnt by direct experiment unconnected with clinical experience, as it may

in this manner be ascertained what substances check fermentation and putrefaction, two processes avowed dependent on the existence and multiplication of special germs; but after all this only affords material for a fair guess, since nothing short of the direct result in treating disease can prove satisfactorily the efficacy of any drug in any special case.

Germs evidently differ from one another in their properties and in their behaviour in the presence of drugs, so that what will destroy one kind may have no effect on some others. The whole subject is one of deep interest, and opens up an entirely new field for investigation. It is required to ascertain what substances will destroy the germs of disease without at the same time injuring the healthy tissues of the body. Experiment has already afforded us some notable examples of this power. For example, Sig. Polli has proved that the *Hyposulphites* completely check the degenerative changes characteristic of *pyæmia*, so that an animal may have putrid pus injected into its veins, and yet not suffer if a certain amount of those salts is given daily until all risk of infection has passed away. Again, Dr. Dewar has shown that animal substances injected with sulphurous acid will not undergo putrefaction. The wine-maker has long used the same means for checking fermentation when the wine is run off into the casks.

It would seem probable that these germs are capable of being destroyed, both chemically and dynamically; at all events, experience shows that while some of the agents act in direct proportion to their quantity, which always suggests the idea of a chemical action; others are effectual in such minute quantities that one cannot help suspecting that the effect is dynamic rather than material. For example, the effects of *Baptisia* in cutting short gastric fever in its earlier stages would lead to the conclusion that it was not only homœopathic to the general disturbance of the system, but that it was also destructive of the germs of the disease, and its well-known *antiseptic* properties favours this view. In this case, however, from the smallness of the dose required to check this fever, the effect on the fever poison must be dynamic in its nature.

It is interesting to notice how many of the medicines held in especial favour in the treatment of specific diseases possess antiseptic properties; and, on the other hand, to notice how much the antiseptic treatment has grown in favour during the last few years. As examples of the first assertion I may refer to *Arsenic*, which acts powerfully in checking putrefaction; and *Corrosive sublimate*, which even in small quantities prevents entirely the growth of fungoid vegetations, and both these are favorite drugs in the treatment of specific diseases; and as an example of the other assertion I would refer to the disinfectant treatment of *Diphtheria*, *Pyæmia*, and many of the *Exanthemata*, and still more markedly I point to the local use of these substances in wounds.

And now let me ask what light does all this throw upon the action of *Iodide of Potassium?* Any one who has followed the line of argument which I have indicated will at once perceive that if it can be shown that *Iodide of Potassium* is a germ destroyer, we have in this fact the key to its curative action in those cases where it undoubtedly does cure, and yet where "pathogenesy fails us as a guide." What grounds are there, then, for believing that the salt is a parasiticide in Virchow's sense of this term?

1st. *Iodine* is a well-known disinfectant, and hence must itself possess the power of destroying germs, or at least of rendering them inactive; if, therefore, analogy is any guide, we may credit the salts of this element with the same power, seeing that *Chloride of Lime* and *Chloride of Zinc* exhibit the same disinfectant properties which *Chlorine* possesses, and the *Sulphites* and *Hyposulphites* possess in a marked degree the same property which exists in *Sulphurous acid.*

2nd. The benefit of the *Sulphites* and *Hyposulphites* in pyæmia is universally admitted to depend upon their power to prevent suppuration, and their mode of action is in many points markedly like that of *Iodide of Potassium.* For example, the effect of the *Sulphites* is very dependent upon the quantity administered, and upon the action being continuously sustained; and according to most recent observers this is equally the case with *Iodide of Potassium* in the

very diseases for which "pathogenesy would fail to guide us" to its selection. In syphilitic diseases of the nervous system, for example, where the presence of that specific morbid poison is the only indication for the employment of this remedy, we are told that "the iodide ought to be given in large doses, and should be continued for months after the patient seems to be well." * The only feasible explanation of which is that, since the drug has no specific action on the disease itself, but is nevertheless capable of destroying the poison from whence the disease takes its origin, the fluids of the body must be kept sufficiently saturated with this germ poison, and for a sufficient length of time to ensure their complete destruction.

3rd. It has often puzzled therapeutists that large doses of this drug should be necessary for the development of its curative power while it was so very rapidly eliminated from the system. For example, Dr. Parkes tells us that *Iodide of Potassium* can be detected in the urine in 3½ minutes after it has been swallowed;† and I well remember some experiments performed in Edinburgh some thirty years ago, when it was found that all the *Iodide* except about one grain was eliminated in twenty-four hours. From this it was argued at the time that one grain was the proper dose, and if it acted as an ordinary specific this would be true, nay, the probability is that much less than a grain would be sufficient. If, however, it is to act as a germ-destroyer, the quantity must be such that the circulating fluids of the body shall be sufficiently tainted with it that the germs are poisoned thereby, and the rapidity of elimination would only indicate the necessity of frequently repeated doses in order to secure the desired result.

From all these circumstances, therefore, I think that we are warranted in concluding that *Iodide of Potassium* has two distinct actions:

1st. The ordinary specific action to which we are safely and surely guided by its pathogenesy.

2nd. That it has the power of destroying certain morbid

* *Medical Times and Gazette*, May 23, 1868, p. 553.

† *The Composition of the Urine*, by Edmund A. Parkes, M.D., p. 163.

germs, especially those which characterise secondary and tertiary syphilis; and that it in this way possesses a power of curing these diseases, although it has no pathogenetic relation to them.

3rd. As a corollary to the 2nd, the cure of secondary and tertiary syphilis by *Iodide of Potassium* is therefore *specific, but not homœopathic.*

Before closing this paper I should like to make a few remarks upon the last conclusion, more especially since many of my colleagues seem to consider the terms "specific" and "homœopathic" to be interchangeable, believing, as they do, in no other *law of cure.*

I would especially draw attention to the fact that the homœopathic cure is essentially *restorative* and *conservative,* whereas the specific action to which I am now referring is *destructive.* In a certain sense it might be called a refined species of surgery, since, if *Iodide of Potassium* acts by destroying morbid germs, it more resembles a knife or a caustic than a restoring drug. To use an illustration: when a true homœopathic specific restores the healthy action of a part, it does so in a manner similar to the restoration of a criminal to honesty by the aid of a reformatory; but when *Iodide of Potassium* destroys a morbid germ, it does so after the manner of capital punishment or imprisonment for life. The morbid germ is not capable of being reconverted into a healthy cell; it is incorrigible, and hence must be kept from doing mischief as long as it lives, or must be at once destroyed and removed. It will at once be perceived, therefore, that the admission of a new kind of specific—of which I strongly suspect there exists a considerable number—does not in any way trench upon the oft-repeated assertion that the homœopathic is the only direct method of cure at present known; it merely proves that there exists another order of specifics altogether outside of the homœopathic law, and in no way contradictory to it.

SCIENCE AND SECTARIANISM.

"Men of science do not pledge themselves to creeds; they are bound by articles of no sort; there is not a single belief that it is not a bounden duty with them to hold with a light hand and to part with it cheerfully the moment it is really proved to be contrary to any fact great or small."—PROFESSOR HUXLEY.

SUCH is undoubtedly the proper line of conduct of the ideal man of science, and there are few men who aspire to that appellation who would not at once subscribe to the above dictum; but to give an offhand assent to an obvious truism is one thing, to act up to it is another and a totally different thing. If acting in accordance with the same indifference to creeds and judicial impartiality towards beliefs, attributed by Professor Huxley to men of science, be the test of their claim to that title, we shall almost need the lantern of Diogenes to discover the man worthy to bear it. Here and there one is to be found of whom it can truly be said "magis amica veritas," but he is either a man of the highest caliber of intellect, or else a young man who has not yet got fairly into the groove of professional routine, or become bound by the trammels of social conventionalism.

Aggregations of men of science (so-called), as in the learned professions, naturally gravitate towards sectarianism, and their science tends to lose the unprejudiced character of the ideal science. They view new truths in a sectarian manner, receive or reject them according as they agree or clash with their own previous opinions or modes of thought. Hence it is that new truths which tend to upset former beliefs invariably receive such scant courtesy from professional bodies. Such bodies represent the feelings not of the highest intellects among them, but rather of the lowest. The average intellect of professional men seems to become crystallized at that particular point of its development where its possessor begins to feel the ties of corporate existence. "We do not easily," says an experienced writer, "at a

later period, relinquish the notions and views which we have once adopted and incorporated, as it were, with our whole intellectual consciousness, either in any essential points, or for any length of time. . . . We are all young but once, and we can only once go through the whole cycle of experiences, and all the processes which have brought our inward being into connexion with nature and man, as well as with the facts and doctrines of our science; and indeed with the exact kind of connexion which has now become our own, or, in other words, which forms our whole world of ideas, and peculiar mode of thinking and judging of every thing around us. How rarely, upon the whole, this happens, is proved by the circumstance that the world is wont to wonder at every really novel mode of viewing things, and at every discovery or original idea in individuals, and to attack or do homage to them according to circumstances. And at the same time it shows how rarely we are able to free ourselves from common and predominant notions, and from the influence of what we have learnt ourselves, or of traditional knowledge and opinions. Thus, for instance, the so-called mediocrity, even amongst the learned and men of science, will not easily give up such traditional opinions; their intellectual horizon, and the influence of the views already adopted, as well as interests of an entirely different nature, perhaps, are opposed to this. From this it also follows, that in no science can the views and the approval of contemporaries be looked upon as a proof of the correctness of a theory or an opinion, any more than their condemnation can be regarded as a proof of the contrary."*

These considerations will serve to explain much in the treatment accorded to homœopathy by the adherents of the dominant school. Accustomed as we are to speak of doctors as men of science and of medicine as a learned profession, we are at first astonished to find them treating the great discovery of Hahnemann in such a narrow sectarian spirit, and so unlike the mode in which the ideal man of science might be supposed to act. But when we remember that

* Œsterlen's *Medical Logic*, p. 365.

the claim of most of them to be considered men of science rests on their having in youth gone through a certain amount of scientific cram just sufficient to enable them to scramble through an examination, beyond which they have never advanced, but rather receded, and when we bear in mind that they immediately thereafter became enrolled in a sort of guild or trade's union, which tended not only to stereotype in them the notions they acquired from their teachers, but also to make them interested in keeping things as they are, we cease to wonder at their attitude towards homœopathy. They first condemned it without taking the trouble to ascertain what it really was. It was new, therefore not true. It was not new, but a *rechauffé* of an old exploded fallacy. It was opposed to all experience —as it certainly was apart from their experience—and therefore must be false. It was giving medicines in such minute doses that their degree of dilution would be represented by a grain of physic distributed throughout a sphere of fluid having a radius extending from the sun to the planet Neptune—and they all knew that it required a good tablespoonful of *Castor oil*, or five solid grains of *Blue pill* to produce any effect. It was giving a dose of what produced your disease in order to cure it. The effects said to be caused by the proving of medicines were trivial, absurd, or obscene, and therefore not to be relied upon for one moment. And so on. Homœopathy was either misunderstood because no pains were taken to understand it, or misrepresented in order to justify their treatment of it. In his own country Hahnemann could not find a medical journal which would admit his papers. In our country, and in our own times, the same course has been systematically pursued. No medical periodical of the old school will admit a paper favorable to homœopathy, or even professing to treat it impartially; but any number of papers will be published by them if they misrepresent and caricature the doctrines of Hahnemann. Cases and statistics illustrative of the efficacy of homœopathic treatment are rigidly excluded from their columns. Advertisements of homœopathic publications are not received by medical

journals of the old school. Publishers of medical works are not allowed to publish homœopathic books. Medical directories, though unable to exclude the names and professional grades of homœopathists, carefully eschew all mention of their honorary titles, appointments and works. If a duly qualified practitioner who believes he can cure his patients best by selecting his remedies according to the similarity of their disease-producing power to that of the morbific agency that has caused his patients' illnesses, desires to have the opinion of one of his colleagues on some point connected with surgery, diagnosis, hygiene, climate, &c., all neutral matters that have nothing to do with therapeutics, he cannot have it. The majority of the medical profession who practise physic by a different rule have decided that he shall not have it. Nay, more, if any practitioner of the majority breaks through this stringent law, and gives the benefit of his experience to a practitioner of the minority, he loses caste and is banned professional intercourse with the majority. And so it would go on until it broke down under its own weight and became ridiculous. And, indeed, this rigid exclusivism has been found impossible, and the stringent rule of men meeting professionally any practitioner who practises homœopathically is broken every day, and it is well known to all the majority that there are some of their members, chiefly surgeons and specialists, who will consult with homœopathists as often as they are asked to do so. Still the rule of rigid exclusivism is retained chiefly as a means of occasional annoyance and insult to individuals. But in truth it is more of an insult and injury to the public than to us. We know and can appraise at its intrinsic worth the petty sectarian spirit that dictates it. The occasions on which we would wish for a consultation with an allopathic celebrity occur but rarely, as we have among our co-believers so many able surgeons and specialists that we hardly feel the deprivation sought to be inflicted on us. But this exclusivism of the majority is an insult and an injury to the public. It virtually says to every patient who prefers homœopathic treatment, "You are the dupe and associate of an ignorant quack and im-

postor, and I will punish you by letting you suffer or die before I help you with my surgical skill or special knowledge, unless you will consent to dismiss him." Our readers will not have forgotten the case of the late Dr. Whately, Archbishop of Dublin, who because he preferred the treatment of a homœopathic physician, was, on his deathbed, refused the aid of the surgeons of Dublin unless he would consent to give up homœopathy. As, however, the Archbishop had previously denounced the rule of the College of Surgeons of Ireland by which its members were prohibited from giving him the benefit of their assistance, he would not consent to the condition upon which he could have obtained that assistance, and preferred to die without it. The disease from which Dr. Whately was suffering was confessedly incurable, and the Archbishop was enabled to get the professional assistance of Professor Henderson all the way from Edinburgh, so that no material injury attended the insult. But cases might easily be imagined where serious injury might result from such conduct. We remember having a conversation on this point with a celebrated operating surgeon, who was long distinguished for the bold and manly way in which he—for a while, alas! not persistently—refused to lend himself to the exclusivism of the majority, but would freely give his advice and assistance in surgical cases to all colleagues whatever their therapeutics might be. He told us that a surgeon of a provincial town had just been visiting him whose animus against homœopathy was so great that he declared he would not introduce a catheter to save the life of a patient under homœopathic treatment. "That resolution," remarked the metropolitan surgeon, "says a great deal for your orthodoxy, but not much for your humanity." Should a patient die under such circumstances, it is within the range of possibility that a jury might hesitate to bring in a verdict of "*justifiable* homicide" in reference to the surgeon's conduct, even though he should cite the antihomœopathic rule of the British or any other medical association.

Stringently as practitioners favorably disposed to homœopathy are excluded from the medical societies of the majority,

their writings from the columns of its journals, and their books from the counters of its publishers, it would be a mistake to suppose that homœopathy finds no place in the discussions of these societies, the columns of these journals, and the counters of these publishers. The reverse is the case, only the homœopathic discussions and literature there admitted are entirely one-sided, being all against, and none for the doctrine of Hahnemann. Perhaps the very last discussion on homœopathy in the metropolis, when both sides were heard, was that which took place in the Medical Society of London nearly twenty years ago, when Dr. Routh read his antihomœopathic paper, the germ of his *Fallacies*. We were present as a visitor on the occasion, and were permitted by a vote of the Society to speak in defence of homœopathy, though some half dozen of the members protested against the degradation of allowing a word to be spoken in favour of homœopathy in that society, and indignantly left the room before we began to speak. Since that time the tactics of the majority—we speak for the metropolis—have ever been to refuse to hear anything on the other side of the question, and in their journals no paper containing a fair and impartial history of a not unsuccessful trial of homœopathic remedies, such as that published by Mr. Kingdon in the *Lancet* some thirty odd years ago, would now be admitted. In fact it is but seldom that homœopathy is now mentioned in the genteel society of the majority. While the new system is rapidly gaining ground all around them, its practitioners seducing the affections of many of their best patients, its literature to be found on the tables of many of their friends and relatives, its druggists flaunting in their faces in all the principal streets, the gigantic plaster representation of Hahnemann's well-known head,* and while every grocer advertises his homœopathic cocoa, the practitioners of the majority seem to grow ever more insensible to the very existence of homœopathy; they see it rising importunately on every side of them, and almost

* We remember seeing a brilliantly gilt bust of Hahnemann doing service in an allopathic chemist's shop for Æsculapius or Hippocrates or some other hero of old physic.

threatening to jostle them from their places, but yet they tacitly ignore its existence, just as the young ladies of Mugby Junction looked through and beyond, but never at, the clamorous and hungry travellers.

Thus shut out from professional intercourse with our otherwise-thinking colleagues, and prohibited from the use of the old-established medical periodicals, we have been obliged to form societies of our own, to have a separate literature and separate dispensaries. And though all this has been forced upon us by the tactics of intolerance pursued by our colleagues of the majority, who have, so to speak, shut us out, and locked the door upon us, they now look out of the window and rate us soundly for being "sectarians." "You are exclusives," they say, "you take a sectarian name, publish books and journals, and found societies, dispensaries, and hospitals with sectarian titles; you practice what you call a 'new system,' call your medicines by other names than those by which they are usually known, and pretend to give them always in doses and forms hitherto unheard of. And yet you are deliberate cheats, for, after getting patients into your clutches by the promise of a new and improved method of treatment, you give the old remedies in the old doses, stimulants, purgatives, pepsine, cod-liver oil, iron, mineral waters, &c." In short, they are angry that we are not the egregious fools they have always depicted us, and they cannot conceal their mortification that in adopting the homœopathic rule in therapeutics we have not altogether abandoned our common sense, but are able to perceive when and where the principle is inapplicable. Finding the truth to be so different from their own gross caricatures, they accuse us of fraudulent conduct rather than acknowledge that their portraiture is incorrect. Their conduct in this is as though that tiresome German professor who described a camel from his internal consciousness should tax the real animal with being an impostor, because it did not correspond with his description.

The truth of the matter is, that while our opponents are chuckling at the notion that they have shut us *out*, they have in reality only shut themselves *in* and become secta-

rian. Whilst we professing only to employ medicines on the principle *similia similibus curantur*, in all cases adapted for such treatment, of which we pretend to be the best judges, and as a corollary from this the proving of medicines on the healthy, hold ourselves at liberty to avail ourselves of all the acquisitions to the art of healing whencesoever they may come, our opponents form themselves into a sect and deliberately deny themselves the employment of any improvements in the healing art that are offered to them from our side. Confessing that they have no therapeutic rule, and deploring the defects of the system they practise, they yet scorn to avail themselves of any of the remedies introduced by the homœopathic school. They have decided without examination that there is nothing good in homœopathy, and they shut their eyes and stop their ears to all evidence that might invalidate their rash judgment.

We, on the contrary, are not sectarian. We form a school desirous of asserting for the therapeutic principle *similia similibus*, its true place in medicine, whatever that may be. We hold no exclusive dogma, but are quite prepared to give up any doctrines at present held by us as soon as further discovery shall show us something better. If some particular mode of treating some disease is proved to us to be better than the homœopathic, we are bound by no vow or special engagement not to make use of it; on the contrary, we should deem ourselves guilty of a dereliction of duty in refraining from its use. All we demand for our peculiar tenets with regard to the homœopathic use and the proving of medicines is that they should obtain free discussion, like any other points of medical science. The moment this is done in ordinary medical literature we would abandon our distinctive homœopathic literature. The moment the ordinary medical societies shall treat homœopathy calmly as a scientific subject to be examined into and accepted if proved to be true, or rejected if proved to be false, that instant the occasion for our distinctive societies ceases. We, as scientific men, are perfectly willing to unite with our colleagues in investigating fairly and impartially any points on which we differ, and are ready to relinquish any of our

peculiar tenets as soon as calm investigation shall show them to be untenable. For this we take no credit; we hold it, with Professor Huxley, to be the duty of all scientific men to act likewise. If our colleagues of the majority are not prepared to act likewise, neither can they claim to be considered scientific men.

And, in truth, as long as they continue to shut themselves in and refuse to admit any ray of light proceeding from a certain quarter, so long do they confess themselves to be not men of science, but sectarians. They seem to forget that the temple of science is not like a church with an immutable creed which must be professed by all who would qualify themselves to belong to it. They call themselves orthodox practitioners and us heterodox, as if science, and above all, the science of medicine, had a δοξα or belief. They denounce us as heretics because we believe another doctrine than that which we were taught at the schools. But in all this they prove themselves to be a mere sect, openly flaunting their narrow bigotry as though they held some infallible truth which we repudiate.

We, on the contrary, set up no pretension to the possession of any infallible dogma, nor are we bound to any particular class of remedies. There are, no doubt, among ourselves sectarians of the narrowest order, who try any proposed remedy and mode of treatment by the question, "Is it homœopathic?" not, "Will it do good?" But these are few in number, and insignificant in influence. We, at all events, have always endeavoured to uphold the scientific non-sectarian principle, and while boasting that we form a school, we deny that we form a sect. The difference betwixt these two terms is infinite. A school upholds what it believes to be truth as long as, but no longer than known facts seem to support it. It seeks light from every quarter, and would cease to deserve its appellation if it refused to accept enlightenment from any source whatever. A sect, on the contrary, stereotypes its knowledge, refuses to see any adverse facts, shuts out the light, and when it can, persecutes those who seek to let in the light upon it. "Eteignons les lumières et rallumons les feux."

We eagerly avail ourselves of the labours of our colleagues of the majority, and welcome any discovery and technical improvement their labours produce. They, on the other hand, openly declare that they will not look for, nor admit the possibility of truth in the homœopathic direction. The mere suspicion that a remedy or a method has originated among those who profess their belief in the curative power of similars is enough to condemn it. But this limitation of the quarters whence truth may proceed is pure sectarianism, and as utterly opposed to science as was the conduct of those astronomers who were quite content with their actual knowledge, and refused to look through Galileo's new-fangled tube.

But the allopathic majority, which at present looks so formidable, is in reality very hollow and delusive. Bound together by no therapeutic rule or principle, they agree therapeutically in this alone, that homœopathy is to be tabooed. But a party or a school cannot exist on a mere negation like this. Hardly two of them agree as to the right mode of treating any one disease. Bring half a dozen of them together at a consultation; they will certainly fix on some one method of treatment to be pursued, but take the same half dozen separately, each would advise something totally different from the rest. Quot capita tot sententiæ.

People are in the habit of saying that all the hospitals, all the medical schools, all the public services are allopathic. The medical treatment pursued and taught there is doubtless not homœopathic; but allopathic, as it undoubtedly is, does not convey any other meaning than non-homœopathic. And yet a good deal of this so-called allopathic treatment is in reality homœopathic, as Hahnemann and hundreds since him have shown. And much of the treatment is purely negative,—expectant, as it used to be termed.

As to what is taught in the medical schools, much of it may be said to be neither allopathic nor homœopathic. Thus, anatomy has to do with the parts and arrangements of the body, and though it forms a necessary and a great part of every student's studies, it is precisely the same to the homœo-

pathist as it is to the allopathist. A man would not teach it better or worse for believing or disbelieving in the homœopathic therapeutic rule. Physiology teaches the functions of the various organs and tissues of the body, but might be and has been taught equally well by a homœopathist as by an allopathist. Pathology is merely the physiology of disease, and is studied and taught without reference to therapeutics. Chemistry, botany, and operative surgery all have no reference to a therapeutic creed. The professors of all these important branches of medical study in the existing schools have generally a profound contempt for the medical practice taught at these schools, as being so far behind their own abstract sciences in certainty and precision. They are certainly not homœopathic, but just as little are they allopathic; they only continue to range themselves among the allopaths, because these are as yet the majority among practitioners.

Then, as regards hospital physicians. At present they can only hold their appointments on condition of professing allopathy; and this for the paltry reason that the majority of electing non-medical governors of hospitals are still partial to allopathy. Were they to exercise their Briton's right of private judgment, and own the beauty and truth of homœopathy, they would lose their hardly-attained appointments; so it is not likely that any impartial opinions or investigations will proceed from them. They are sectarian, on penalty of social ban. The terms on which they hold their positions force them to be sectarian, and hence to abdicate the title of men of science.

Likewise all consulting physicians, operating surgeons, and specialists must profess allopathy, on penalty of loss of distinction and bread. The conditions on which they hold their respective positions preclude them from being reckoned men of science. They are fettered in their actions. The penalty they would incur by exercising their impartial judgment is too great. Some of them may be, and doubtless are, convinced of the superiority of homœopathic treatment, but they remember how poor Kingdon was forced to recant, and they "let 'I dare not' wait upon 'I would,' like the poor cat in the adage." They must lend themselves

to the senseless cry of "Down with homœopathy!" Thus the necessities of their position compel them to be sectarian, and stifle all aspirations after a philosophical and scientific ideal.

But, again, it is evident that it is merely the social bond that retains them in this sectarianism. Science and reason have nothing to do with it; so, when by the gradual advance of homœopathic practice among the rank and file of the profession, the majority shall be transferred from the allopathic to the homœopathic side, then these consulting physicians, operating surgeons and specialists, these professors, hospital physicians and surgeons and medical officers, will all at once declare themselves on the side of homœopathy, or at all events will cease to recognise any social or professional difference betwixt homœopathist and allopathist. Then the name of homœopathy will be lost, and the now so prominent divisions of the profession will disappear to the public eye; and the medical faculty will once more appear as a homogeneous whole, a real fraternity,

> "And man to man the [medical] warld o'er
> Shall brithers be for a' that."

This state, realizing the "Ecce quam bonum et jucundum habitare fratres in unum," will last till the next grand discovery in medicine turns up, when, no doubt, as human nature will not by that time have changed, the generation then living will witness the same spectacle as is now passing before our eyes.

It is only to *great* discoveries that this applies; to great discoveries that overthrow the bases of the art, and that cannot be adopted without relinquishing much of what had previously been held to be incontrovertible truth. Little discoveries that operate no such revolutionary work are judged of calmly and adopted cordially by the most determined bigots of the majority. Chloroform, spray action, and hypodermic injections, new instruments of diagnosis and new modes of operating in surgery, are discussed, weighed, and, if found good, adopted by the whole profession

without the least unwillingness. The majority are accustomed to point to their ready adoption of these novelties to prove that they are quite free from bigotry, and that therefore their rejection of homœopathy cannot be ascribed to any mean motive, any want of judicial impartiality, or any horror of novelties. But the reason of this difference in the treatment of the two kinds of discoveries is obvious from what we have already said. Homœopathy upsets all old notions and traditional doctrines and practice, and requires much study and thought to master its peculiarities. The *small* discoveries demand little knowledge or trouble, and no change of general principles, habits, or mode of thought; and their adoption is so far from being attended by any risk of loss of consideration or practice, that the fear is rather the other way. They are afraid they may be thought ignorant or behind the age if they delay rendering themselves familiar with every new "scope" for assisting diagnosis, every new mode of producing anæsthesia, and every new surgical proceeding. So much possessed are they by this fear, that they frequently rush into the opposite extreme, and adopt small changes because they are novel, or give up some better plan because it is old for an inferior new one, thus showing that they were not influenced in their determination by any well considered ground of their own experience or reflection, but that they took up the novelty in consequence of the irresistible impulsion of that most unphilosophical of all impelling forces—fashion.

In view of the evils that have resulted from the sectarianism of our opponents, our great endeavour should be to divest ourselves of all sectarianism. In our discussions we should never appeal to the dogmatic teaching of the master or of any other authority as the proof of the truth or falsity of any view or practice. Let each argument have only its proper weight, and let it stand or fall according as it will bear or not the test of experience and reasoning. We should refrain from condemning anything on the ground of its being non-homœopathic or non-Hahnemannic, or from upholding it for the contrary reason. We should admit that every possible mode of treatment is worthy of *à priori*

attention, and must be judged on its own merits, and not according to any pretended social or sectarian engagement we may be under to adhere to or reject any particular formula or dogma.

We must ever be ready to admit that the name and separate existence of homœopathic places of practice and books and periodicals are merely temporary, and caused solely by the sectarian conduct of the allopathic school in denying professional courtesies, and, as far as they are able, a *locus standi* in medicine to all adopting the homœopathic method. We must never imitate them in this, whereby they have degraded the medicine they represent to a mere sect unworthy even of the name of a school.

We must not endeavour to establish separate chairs in existing colleges or universities, still less homœopathic universities. But we must hope that the time is not far distant when by the leavening influence of homœopathy among the body of medical practitioners the distinctive epithets of homœopathy and allopathy, which are sectarian appellations, shall be merged in the one general name of the art of medicine, and professors of medicine or therapeutics in our schools will no more think of ignoring the method of treating disease by specific remedies than they now do of the treatment by purgatives, counter-irritants, and other traditional methods. When professors shall cease to be sectarian, the treatment that effects best results will assuredly prevail, for it will then have fair play, and will cease to lie under the most unscientific ban that at present oppresses it. We love and venerate our old schools and universities, and have no quarrel with any teachers in them, except only the teachers of therapeutics; and we believe it will be much more easy, and certainly much more satisfactory to eradicate pure sectarianism from the therapeutic teaching of existing schools, than to get up separate medical schools of our own, where all the teaching of all the branches of medical knowledge—with the one solitary exception of therapeutics—is identical with that of the existing schools. We are too few in numbers, and too much occupied with practice, to supply the teachers needed for a complete medical

school; and though we have amongst us excellent physiologists, pathologists, anatomists, chemists, surgeons, botanists, &c., we can never hope to rival the old school in these branches of knowledge.

Besides, all the spare time each of us can command is less than sufficient to carry on our own great therapeutic work. Allopathy, by thrusting us into the position of a sect or party, has imposed upon us a task beyond our unaided powers to accomplish. To revise and complete the new materia medica required for homœopathic practice is a task that would tax the working powers of all the scientific medical men for generations to come. It is a labour beyond the strength of the comparatively few converts to homœopathy, particularly as they are mostly overwhelmed with the exigences of private practice.

One of the greatest obstacles to the rapid spread of the homœopathic doctrines is the want of clinical teaching for students. For this purpose, special homœopathic hospitals and dispensaries will not do, for as our opponents have just now all the power of conferring degrees and diplomas, and as they persistently anathematize homœopathy, any student who was detected frequenting a homœopathic hospital would run great risk of being rejected by his allopathic examiners. But, besides this, there is not much chance that students would feel any inclination to attend a homœopathic hospital, for they mostly take their opinions from their teachers, who all agree in this and in nothing else that homœopathy is naught, and it is not till after they have left college that students discover that their learned teachers were not possessed of all wisdom, and that

"They did not know every thing down in Judea."

After they have taken their degree or diploma, the majority of young practitioners have no more money to continue their studies, but must settle down at once to earn their bread. And even though they had, as they often have, plenty of time at their command, they are still more afraid to visit a heretical establishment lest they should receive the taint of quackery (as they are taught to con-

sider homœopathy) at the outset of their career, and be barred all professional intercourse with their colleagues before they acquire a sufficient conviction of the truth and importance of the new method. No student or young practitioner visits a homœopathic institution before he is already convinced of the superiority of the homœopathic method; and how difficult it must be to obtain this conviction it needs no elaborate argument to show. It can only be practitioners of peculiar mental endowments or living in peculiarly favorable circumstances, who can by their accession gradually swell the ranks of the new school of therapeutics.

Thus, as we cannot from our small numbers support large hospitals, and as such hospitals would fail to serve the purpose of clinical instruction, the only and the best thing we can do is to invade and take possession of the already established and amply endowed general hospitals. Nor is this such a hopeless task as it might at first sight appear. As the governors of most of these hospitals are patients, not doctors, it is evident that if we succeed in gaining the patients to our side, they would appoint us to the hospitals they govern. This issue of the late contest in Liverpool when one third of the governors voted for the homœopathic candidate for the Children's Infirmary, inspires us with the hope that in other cases not a third but the better half of the governors of some of our great hospitals may be in favour of a homœopathic medical officer.

When once the different methods of treatment are shown side by side in a great public institution, as ere long they will be, and their comparative merits are forced upon the observation of practitioners, students, and the public, the real advantages of the specific method will be shown, the real character of the new medical school displayed, and we shall no longer have to trust to the misrepresentations of the allopathic sect, who have degraded medicine too long and prostituted it to be the instrument of their prejudices. They have used their power, their numbers, and their possession of the high places conferred on them, to brand a

minority of their differently-thinking but equal colleagues as quacks and imposters.

Were a homœopathically practising physician to be appointed to an established hospital, we should immediately have an outcry from the ranks of the majority, and a protest against the possibility of two such opposite systems being peacefully carried on under the same roof. It would be alleged that if homœopathy were introduced the allopathic medical officers would resent it as an injury and resign. Supposing they were so foolish, their places could be doubtless supplied; but, no doubt, second thoughts would convince them of the absurdity of abandoning the field entirely to their opponents. If precedents are required, they have that of Dr. Tessier, of Paris, who filled the post of physician first to the Hospital of St. Margaret, an annex of the Hotel Dieu, and secondly of the Beaujon, where he practised his system under the same roof with his allopathic colleagues, without any breach of the harmony that ought to reign among the attendants of the same hospital engaged in the same beneficent work of administering to the wants of their diseased fellow creatures, and endeavouring according to the best of their knowledge and ability to mitigate the sufferings and cure the maladies of their afflicted brethren.

There can be no objection to the election of homœopathists to existing hospitals on account of any fancied engagement that one system only shall be practised in the hospital, for such is not the case. No hospital has been founded on any such narrow and sectarian plan. In every hospital it is expected that the best medical aid shall be given to the patients.

Of this, not the medical men previously appointed, nor the mere majority of existing medical men are the judges, but the governors who have the right are bound to exercise it to choose among duly qualified medical men those whom they deem best fitted for the post.

In conclusion, we would desire to impress on our brethren of the homœopathic school our conviction that the time is now come when homœopathic medical men should come

forward in all towns, but chiefly where medical schools exist, and contest vacancies for the general hospitals. At first, they are sure to lose; but in process of time, the public will be familiarized with the true view of the subject, viz. that it is their question, not ours, and that the progress of truth in medicine must no longer be retarded by the selfish prejudices of a mere unscientific sect who are now usurping the style and title of the medical profession.

ON THE PHYSIOLOGICAL BASIS OF THE ACTION OF SPECIFICS.

By Dr. Drysdale.

In previous articles the actions of medicines were divided into two great classes, viz. the absolute and the contingent; the contingency here meant being restricted to that alone which depends on variations of susceptibility of the living organism occurring within the limits of health. Thus are excluded from the definition all causes rendering physiological action conditional, which depend on accidental destruction or counteraction of the drug; modification of effect from the dose within the limit of absolute action; the presence of active or dormant disease; and, in short, all abnormal predisposing causes of disease. In order to pursue our argument, which is conducted on the principle of placing the actions of medicines on the same plane as the exciting causes of disease, we must now examine into the fundamental laws of vitality upon which those variations of general and specific susceptibility depend.

Hitherto, the physiological references made use of have been to individual facts and principles, of general acceptation, and about which there is no dispute. But now it becomes necessary, if we wish to have any clear apprehension of the nature of the action of specifics, and the bearing of the homœopathic

law, to refer the matter to a physiological basis. I have no hesitation in stating my conviction that the system of Dr. Fletcher, which is an adaptation of Brunonism to a more advanced state of development of physiological science, is the only one whose fundamental principles are capable of being brought into harmony with our therapeutic formula, which in all other systems stands isolated as an empirical law.

It was by one of those rare inspirations of genius which confer immortality on a few favoured names, that John Brown was led in the year 1780 to break with the traditional ideas of all previous ages, respecting the nature of life. With him it was no longer an entity superadded to organized matter, but became the resultant of two factors, viz. excitability and certain agents called stimuli. Life is, therefore, no more an entity than fire is an element, stimuli being as integral a part of the process called life, as oxygen is of that called combustion. Although oxygen had been discovered a few years when Brown wrote, the true theory of combustion had not been promulgated by Lavoisier, and the Stahlian theory of Phlogiston held possession of the schools. It was probably owing to this that Brown could not altogether get rid of the notion of substantial principles as the cause of natural phenomena, for he conceived his excitability to be an entity, imparted in a fixed quantity to living beings instead of being a property of organised matter. He also confounded sensibility and other analogous properties with excitability. But above all, his cardinal defect was that he did not recognise the qualitative differences of excitability, and accordingly, looking only to quantitative change, he constructed prematurely a complete system of medication founded on an incomplete appreciation of the subject. Hahnemann, who was then in the prime of life, and engaged in elaborating his own theory of the specific differences of medicinal action, saw at a glance the above cardinal defect, and attacked the Brunonian system with a vigour which contributed much to its downfall. To us it is amazing that Hahnemann's acute perception of the defect in Brown's system should have blinded him to its great

merit and prevented him from seeing that the mere addition of specificity of quality rendered it complete and explanatory of his own theory.

As above remarked, Dr. Fletcher is the only one among modern physiologists who has succeeded in reconciling the principles of Brown and Hahnemann and interweaving them both into a system of physiology and pathology in harmony with the knowledge of the present day.* It is, therefore, chiefly from his works that we shall quote in giving a short abstract of the fundamental principles of vital action, to which we shall have occasion to refer in attempting the explanation of the action of specifics. As above stated, we start from the Bruno-Fletcherian doctrine of life, that it is not an entity, but a process resulting from the operation of certain stimuli upon a certain property peculiar to organised matter, called irritability. Here we are compelled *in limine* to notice the indistinct notions respecting this subject which prevail. The terms stimulus and irritability are familiar to all, but they generally convey the idea of sensible motions or actions resulting from the temporary application of some influence; for example, the ordinary process of inspiration is caused by a stimulus transmitted from the lungs to the spinal cord and thence reflected through the respiratory filaments of the pneumogastric, phrenic, and intercostal nerves, to the muscles of ordinary inspiration, upon the irritability of which it acts, and thus produces contraction; or when the stimulus of volition derived from the brain acting through the motor tract of the spinal cord excites the voluntary muscles to sensible action; or when any increased glandular secretion is excited by the stimulus of sympathy, or of a poison introduced through the blood, &c. With many persons, such instances comprise the whole sphere of the action of stimuli, which are thus looked on as mere spurs to jog on to increased sensible action or motion, parts and organs that somehow would have still gone on living without them, as, in fact, these parts and organs do go on living when in comparative repose. Even physiologists who have

* *Rudiments of Physiology, and Elements of Pathology*, by John Fletcher. Edinburgh: Maclachlan and Stewart.

abandoned the notion of a vital principle as an entity, and admit that the phenomena of life depend upon organisation still speak in a vague way of the relation of living matter to surrounding media, as that of mutual action and reaction somewhat similar to chemical and physical action, instead of regarding organised matter as possessed of vitality, *i. e.* a mere susceptibility to be acted on in a manner wholly *sui generis* by those agents as stimuli—not as physical or chemical agencies—which are thus an integral part of the resulting process known as life. This partly depends on the fact that the progress of discovery in matters of detail is rapid and fragmentary, from the labours of numerous acute but one-sided observers, while in number the comprehensive minds capable of assigning to these discoveries their place in a consistent system of physiology are necessarily few in each generation. Nevertheless, it is the great fundamental laws of pathology and therapeutics which have the closest bearing on practice, while the attempts of men of mere detail to deduce any practical method from isolated discoveries in physiology have always had an unhappy result. Hence the comparatively little fruit yielded directly to therapeutics by the discoveries through the microscope and test-tube, though they are invaluable indirectly as means of diagnosis.

Correct views of the great fundamental principles of life, health, and disease, are, after all, of paramount importance, and once laid down cannot be superseded by later discoveries, however much they may be elucidated. A more intimate knowledge of the mechanism, as it were, of the processes of nutrition, absorption, and secretion, does not alter the main facts concerning health and disease already ascertained by observation, nor does it enlarge the boundaries of physiological science which have been set by deductive reasoning. The eye of the intellect will always see further than the eye of sense. If we say that the reproduction of organized matter constituting living tissues is solely brought about by the vital action of those tissues themselves on the blood, what does it matter whether we say with Fletcher and all his generation that the walls of the

capillary vessels are the agents through which this action is accomplished, or with Virchow in the present day, that it is by the walls of the cells? In either case it is solely by the agency of pre-existing organized matter in living action that new similar matter is formed. Besides, we may be very sure that the cellular theory is not the last word of histological anatomy.

I now proceed to give an abstract of the principles above alluded to in numbered paragraphs for convenience of reference.

§ 1.

Irritability or vitality is not an isolated force, but is the property of organized matter, and, when acted on by certain stimuli, the resulting process constitutes irritation, or life.

§ 2.

In this process are inextricably bound up together the consumption of irritable matter, deposition or regeneration of similar matter, and the function of the tissue.

§ 3.

When consumption and regeneration exactly balance each other, the normal state or health is the result. But when the one predominates over the other, either exhaustion or accumulation of irritability is the effect.

§ 4.

The renewal or regeneration of irritable matter by conversion of inorganized matter from the blood or pabulum can be performed in no other way than by the agency of an already existing process, as above. While matter is in this state of organization, its particles are held together by an affinity altogether *sui generis*, and quite different from chemical affinity, nor can it be restored to the ordinary chemical affinity of the dead state except by the same process.*

* Death is in fact a vital process, as is explained by Dr. Fletcher in the following remarks on suspended animation. "Organized tissues are in their chemical nature entirely *sui generis*, and held together by vital affinities—not composed of sodo-albumen, gelatine and so forth, and held together by

§ 5.

The powers called stimuli whose action on irritability produces life, must, therefore, operate in a manner wholly *sui generis*, and totally distinct from their chemical and physical action; therefore, no inference respecting their action on living tissues can be drawn from their action on the proximate principles found in them after death; in fact, none of those principles exist as such in the living tissue.

§ 6.

This exclusively vital action of external agents applies only to the living tissues of the body, and not to the inorganized tissues and fluids. There is still, therefore, a field for the possible operation of chemical action, *e. g.*, the first stages of digestion, possibly respiration, and the removal of effete matters.

§ 7.

Vital action cannot *create* either matter or force, it can only transform them; therefore, the full quantity of matter required must be furnished as pabulum, and as the power of each organized being to transform or transmute the chemical elements is limited, these must be furnished in such proportion, and in such combination, as to be capable of assimilation.

§ 8.

All the specific effects of medicine belong to their action as stimuli.*

common chemical attraction—and that till this takes place—which is not till they have become disorganized and their irritability or vitality has deserted them—they are unsusceptible of the usual chemical decomposition. But their vitality cannot desert them otherwise than by a vital process; so that there seems to be no cause why the duration of those tissues should not be as perpetual as that of inorganized matters—and in fact the supervention of permanent death and consequent chemical decomposition, in these cases appears to imply at least a momentary and partial return of irritation. That such, however, really takes place when temporary terminates in permanent death, is more than probable."—Fletcher, *Physiol.*, part ii, p. 144.

* Hahnemann was always a strict and consistent vitalist, and his views of the vital or dynamic nature of the action of medicines preserved him from all the aberrations of the iatro-chemists. The legitimate field for the application of chemistry in medicine has not been proved to extend beyond dietetics and

§ 9.

The continuance of the action of stimuli is essential to the renewal or regeneration of irritable matter when exhausted by previous over-action. On the cessation of the over-stimulation, deposition of irritable matter begins to predominate, but only on condition that the natural stimuli (viz. caloric, light, electricity, air, aliment, and cerebro-spinal nervous influence), and pabulum are still supplied in sufficient proportion. Cold, anæmia, and other negative agents hinder the regeneration of irritable matter. Recovery, therefore, takes place under rest, and the continuance of the same influences as maintain healthy life. The supposed vis medicatrix naturæ has no existence.

§ 10.

Spontaneous recovery takes place when the above normal influences suffice to restore the exhausted irritability. But when insufficient, medicines may aid by supplying the requisite suitable stimuli. This is the nature of the operation of all agents acting directly or by sympathy on the part, though it is by the homœopathic specific alone that the indication is completely fulfilled, for it supplies the *qualitatively adapted stimulus* necessary to produce *regeneration of the tissue to its complete integrity.**

§ 11.

By a regulated increase of stimuli, particularly the natural ones, irritability may be increased. The inevitable recoil is not

hygiene. Eliminant theories have as yet generally failed in practice. The chemico-physiological school, like Saturn, is continually devouring its own progeny, so the vitalist school have nothing to do but to wait in order to see the chemical theories of one decade demolished by those of the next. We don't hear much now of explanation of the action of medicines by their chemical effects on albumen, fibrin, gelatine, and the rest which were common in Fletcher's time, and which he exposed so unsparingly. Since then what has become of our old friend Protein? We never hear of him now. How about the pretty theories of the action of *Phosphorus* and of narcotics on the brain-fats and cerebrin, when we are told now that none of these exist but that *protagon* is the single essential substance to be detected in the brain after death? Are we to have a new bundle of theories or will the chemist at last listen to the vitalist that no particle of protagon or any other proximate principle exists in the *living* brain?

* This I would consider the *rationale* of the action of a homœopathic specific.

here absent, and the process consists of alternations of over-action and fatigue—similar to what in greater degree would constitute disease—confined within the limits of physiological oscillation. Deposition here predominates over absorption and thus arises increased growth of organs or parts, and with it increased functional activity. This is called the *Law of Exercise*, and its power is limited by the capability of development possessed by each individual. Examples of it are familiar to all; such as the growth of muscles from general or special exercise; the increased acuteness of the senses by cultivation; the adaptation of the body to different climates by increased activity of certain organs, &c. &c.

§ 12.

Conversely by the want of natural stimuli and exercise, parts and organs become weakened and waste.

§ 13.

Susceptibility varies in degree in all individuals from original constitution.

§ 14.

The irritability or susceptibility to the action of certain stimuli, such as caloric, is common to all organized tissues, and may, therefore, be termed general.

§ 15.

But every organized solid is not only the seat of irritability in general, but has a kind of irritability peculiar to itself. Hence all agents, by whatever channel they may be introduced into the body, act only on those parts to the *specific irritability* of which they are adapted, or to which they have what has been called an *elective affinity*. This applies not only to the larger organs and parts, but extends to the minutest histological element.* By

* The doctrine of specific irritability may almost be said to be a mere truism, but it has been found necessary to insist upon it in each stage in the progress of physiology. So in the great advance that has been made since Dr. Fletcher's time, viz., the cellular theory, we find the same principles set forth by Virchow in his work on *Cellular Pathology*, as the following quotations will show:

"We see nearly everywhere that certain excitants act more readily than others, and that many are totally incapable of producing any particular effect. Nearly everywhere do we find *specific relations* or *affinities* to exist. If we cast our eyes upon the glands, it is a well-known fact that there are specific

elective affinity it is not meant that the morbific influences, whether conveyed by sympathy or absorption, are attracted exclusively to the organs on which they act, but they are distributed equally throughout the whole body, and produce an effect on the organs in question, while they are comparatively inert with respect to the rest of the system.*

substances by which we are enabled to act upon one gland and not upon another; to rouse the specific energy of one gland, whilst all the rest remain unaffected." (p. 293.)

"There are certain affinities existing between definite tissues and definite substances." (p. 123.)

After explaining that the bile and sugar are not transuded from the blood-vessels preformed in the blood, but are formed by the hepatic cells from the blood by their specific action, he says, "great prominence must be assigned to this *specific action of the elements of tissues* in opposition to the specific action of the vessels." (p. 129.)

"If we take a single ciliated cell, and after entirely isolating it from the body, allow it to swim about and wait until a state of complete repose has declared itself, we can again call forth the peculiar movements of its cilia by adding a small quantity of potash or soda to the fluid, a quantity not large enough to produce corrosive effects upon the cell, but sufficient upon penetration into it to induce a certain change in its contents. A peculiarly interesting fact, however, is that the number of substances which will act as stimuli upon ciliated epithelium is limited to these two. This explains how it happened that Purkinje and Valentin, although they experimented with a very large number of substances, at least after they had tried all sorts of things—mechanical, chemical, and electrical stimuli—came to the conclusion that there was no stimulus whatever which could provoke the ciliary movement." (p. 292.)

We perceive here that not only irritability or vitality but also specific irritability is inherent in each cell quite independent of any influence derived from the cerebro-spinal nervous system. This is also practically the doctrine of Fletcher, for though he supposes irritability to reside in the ganglionic nervous matter, yet that is universally diffused where vitality exists, and is "not only interwoven with the substance of every other organ, but also entering into the composition of the minute vessels of which itself [the parenchyma] consists" (p. 125). Here we trench upon that inner circle of the nature of things inscrutable to the human intellect, for how can an incommunicable property be conveyed, and unless the whole of a living tissue be composed of ganglionic nervous matter, how can it possess vitality? This difficulty applies equally to the cellular theory and to some stage of all theories of ultimate histological anatomy. Practically, however, it is of no moment, and vitality may be taken as inherent. See Fletcher's remarks at p. 93.

* In his remarks on the conveyance of organic and animal sympathy (*Physiol.* part II, p. 62) Fletcher shows that organs closely connected by sympathy do not require a *direct* communication by nerves, but the irritation con-

§ 16.

Besides the division into general and local, irritability possesses an infinite number of modifications of character or quality corresponding to the infinite variety of stimuli, each of which is capable of producing its own specific kind of irritation.

§ 17.

As a corollary of paragraph 8, irritability is diminished by every excess, and increased by every deficiency of irritation. "The fatigue experienced from over-exertion, which consists merely in

veyed from one operates through the whole system of nerves, and only takes effect on that part to which it is qualitatively or specifically adapted. In like manner poisons and medicines excite a peculiar or specific irritation on the part to which they are applied; this acts through the whole system of organic sympathy, but only takes effect on the parts to which they are specifically adapted. The possibility of so many different kinds of local perception is shown by the innumerable distinct irritations which may be displayed by the stomach or the skin. This mode of action is certainly more in harmony with our experience in respect to infinitesimal doses than the absorption mode, for not to speak of the increased difficulty caused by the latter in conceiving their action, we must remember the chemical difficulty. For the absorption must alter materially the chemical nature of many substances, and ultimately all the different compounds of a chemical body must act pretty much alike. This is really to a certain extent the case with respect to their absolute action, but very far indeed from being so in the finer and purely contingent action. On the other hand, when medicines enter the body by absorption they are likewise equally diffused throughout the whole system. This is beautifully shown recently by Dr. Bence Jones, by means of the spectral analysis. He found that *Chloride of lithium* was diffused through all the tissues, even those most remote from the red-blood capillaries—such as the cartilages of the joints and the crystalline lens—within three hours and a half.—(*Medical Times*, Sept. 2nd, 1865.)

It is certain that nearly all substances are absorbed and that they may act as poisons or otherwise, solely through absorption without any intervention of the nervous system whatever. The experiments, however, which prove this, do not exclude the possibility of the action of poisons by nervous sympathy, because it is impossible to cut off vascular connection without severing at the same time the influence of the vaso-motor nerves through which sympathy is conveyed, according to Fletcher's theory, by filaments of the respiratory nerves bound up in them.

The kind of controversy kept up on this subject is quite uncalled for, as both modes may exist, and it is practically of little importance by what mode a specific stimulus enters the body, because in the end it can only act where it finds a specific susceptibility. The exclusive absorption party seems to have a vague and rather stupid notion that they can explain away *specificity* of action.

an incapacity, owing to defective irritability, to obey the usual stimuli, and the increased energy acquired by rest, which implies nothing more than a preternatural susceptibility, owing to excessive irritability to the action of such stimuli, are familiar illustrations of this law of the animal economy—a law which extends equally to all instances of irritation, whether the action which has been excited be sensible or molecular, and whether the function involved belong to those called organic or to those called animal, in the former of which irritation is all in all, and of the latter of which it constitutes a fundamental and essential part" (p. 127.) To this principle also is to be attributed the diminished susceptibility to deleterious agencies, which is conferred by frequent exposure to them, and also by plethora, full diet and even intemperance. And, on the other hand, the increased susceptibility resulting from the withdrawal of ordinary stimuli such as cold, loss of blood, and prolonged abstinence.

§ 18.

Lastly, what has the most important bearing on our subject is the fact that any one of the numerous qualitative varieties of irritability can be diminished or exhausted without interfering with the integrity of the rest.

"It is only with respect to that particular stimulus by which the inordinate irritation was in any given case occasioned that the irritability is diminished. Thus, the nostrils, which have become almost callous to the stimulus of snuff, are still affected as violently as ever by ammonia; and the sore, which is no longer benefited by a lotion which has been for some time employed, improves rapidly under a new, although, perhaps, abstractedly, a less powerful application." (Fletcher, *Phys.*, p. 128.)

This qualitative exhaustion of susceptibility may be either total and permanent, as in the case of those specific diseases that occur only once in a lifetime, or it may be partial and temporary, as when poisons, medicines, and certain articles of food lose their effect for a time. This is likewise manifested in the proving of medicines on the healthy body, for many of the effects, especially those belonging to the contingent class, can either not be reproduced, or only after an interval of time. Upon this also depends the law of

habit, whereby a variety of influences, whether salutary or deleterious, ere long produce little or no effect upon persons accustomed to them.

It is upon the foregoing principles respecting the various modifications of irritability, and in particular the existence of its qualitatively specific varieties, liable to total or partial extinction, that the correct theory of specifics will be found in a great measure to be based. These principles are not the less true in that the physiological mechanism of their production is as yet totally unknown. Neither histological anatomy nor chemistry is able to show the slightest difference between the tissues of an individual who is susceptible to the smallpox poison, and those of one who is not, although it is patent to common sense that there must be a very important difference between the two. The same applies to all other variations of susceptibility, which must depend upon corresponding variations in the composition of the organized matter.

We thus perceive that the idea of specificity is purely physiological, and that it depends upon the inherent properties of irritability being acted on by the inherent powers of stimuli. It is therefore susceptible of no explanation, nor does it need any. It is otherwise with therapeutic specificity, for if we can find out upon which of the physiological the therapeutic action depends, we have then a real explanation, and have gained the knowledge of a law which is of paramount importance in practice. Presuming the homœopathic to be that law, let us now proceed to inquire how far Fletcher's principles can solve the problem, How any agency can at one time cause, and at another remove, the same diseased state?

§ 19.

"What has preceded appertains chiefly to certain more or less permanent changes in the degree of irritability arising from causes which, owing to their operation being slow and progressive, give rise to no secondary effects. But an important consequence of the fact lately laid down as an axiom remains to be mentioned, with reference to such changes in the degree of irritability as are

brought about suddenly. In this case, upon the irritability being diminished by excessive irritation, the part subsequently—owing to the conditions of its action having been lessened—undergoes, of course, diminished irritation from the usual stimuli; but as diminished irritation is, according to the same axiom, a cause of increased irritability, the part afterwards—owing to this condition of its action having been now increased—undergoes, of course, increased irritation from the same stimuli; and its action thus vibrates, as it were, on either side of the line of health, till the healthy action is at length restored. And if this line of action be thus set up by a primary diminution of irritability, as the result of excessive irritation, it must be equally established by a primary increase of irritability as the result of defective irritation, the only difference consisting in this, that the second link in the first chain of actions corresponds to the first or third link in the second, and so on for the rest.

"Hence it follows, as a corollary from this axiom, but more especially with reference to what may be called acute cases, that *a precisely similar state of either excessive or defective irritation, may result equally from the operation of two agents, the primary action of which is diametrically opposite*, and that either a stimulant or sedative application may appear to give rise to either the one or the other exclusively, according as this or that stage of its action is the more prolonged. It is thus only that we are enabled to solve the apparently difficult problem, how not only extreme degrees of heat and cold, but excess and deficiency of food, a superabundance of blood and too great depletion, and numerous other opposite causes should give rise often to precisely the same effects. It will be obvious that all the positive agents increase *directly* one condition of excessive irritation—namely, the stimulus in action; while all the negative increase *indirectly* the other—namely, the susceptibility acted on: but both equally occasion increased irritation, and its consequence diminished irritation, in which inflammation—the head and front of the great majority of diseases to which the body is liable—consists. The same principles are adapted further to explain the nature of what is called the latent stage of inflammation; which stage is in fact the most active stage of any, consisting, as it does, in that state of increased irritation of the capillary vessels, which is preparatory to the state of diminished irritation in which the disease essentially consists. It gives rise, it is true, of itself to no par-

ticular symptoms, and it is by those alone which take place during the subsequent stage—which is perhaps always the longer and more violent, the longer and more intense has been this alleged latent stage, that we at length recognise the disease, but it is not on that account the less active. Nor is there any difficulty in understanding, upon these principles, how the same agents, positive or negative—for example, heat or cold—which are often instrumental in producing inflammation, should be so frequently among the most effectual means of removing it. Indeed, if the above doctrines are well founded, it could not have been otherwise; for since these agents produce the disease only by the collapse which follows the inordinate irritation which they occasion, the one directly and the other indirectly, it would necessarily follow that a renewal of this irritation, not beyond, but only up to the natural point, must alleviate or remove it. Hence the benefit derived in inflammatory diseases in general—after the abstraction, if necessary, of a part of the load to be moved forwards by the capillary vessels—from every agent which operates in exciting the moving powers; and such agents we accordingly apply either directly to the part affected, if it be one which admits of this, or sympathetically, if it be one which does not, and it is in the latter way that all the repeatedly-revulsive remedies are of advantage in such diseases—not by counter-irritating, as is sometimes so vaguely supposed, or withdrawing irritation from a part already undergoing too little—by communicating to it a stimulus by which that irritation is to the requisite degree increased. It might further have been expected that that particular stimulus would be found most competent to effect this end, which had already by its deleterious action upon the part when in a state of health, proved its adaptation to the specific irritability of this part; and it is upon this principle that the whole doctrine of the homœopathia—ignorant as the patrons of this doctrine for the most part are of the fundamental truth on which they are proceeding—essentially hinges."*

This last paragraph contains, as it were, an epitome of Fletcher's views of the nature of active disease, and the necessarily homœopathic relationship between the causes of disease and its remedies. His views are further developed

* Fletcher, *Phys.*, Part II, pp. 131 to 135.

in his work on pathology, and are there shown to be in harmony with the main facts, and to afford a consistent explanation of some of its most difficult problems. We must not, however, conceal from ourselves the fact that this theory has certain difficulties to contend with. In the first place it applies apparently only to diseases of which inflammation and fever are the types; and although its applicability to the hyperæmic element is sufficiently obvious, yet that is, as we know, only a part of the inflammatory process, and it has likewise to be seen how far it is consistent with the newer doctrines of the cellular pathology; also the great reproductive activity during the stage of weakness of the capillaries; the difficulty of understanding the action of a peculiar stimulus, which is manifested only during the stage of exhaustion, &c. These difficulties will require a long and full discussion, which I hope to be able to enter upon at a future time. In the second place, it apparently does not apply to the class of diseases called functional or nervous; this difficulty will also, I believe, be removed by a complete study of the subject. Lastly, we must not forget that the homœopathic law arrived at inductively, applies to all these classes of disease, whether we are able to explain its action or not.

Let us now proceed to consider how far the above principles will enable us to understand the relation of the homœopathic specific to the other well-known actions of medicines classified under the terms narcotics, stimulants, evacuants, astringents, and the like. This brings us at once to the subject of the primary and secondary actions of medicines.

Much confusion prevails in the writings of different authors upon this subject, partly from the difficulties of the subject itself, and partly from the incorrect use of the terms, the same words being used to express different meanings. Even Dr. Fletcher himself was not free from this latter cause of ambiguity, as seen in the following paragraph:—

"Hahnemann is quite aware of this twofold action of medicines, and it is to ensure their primary, without fear of their secondary,

action, that he inculcates the expediency of giving them in inconceivably small doses." (Fletcher, *Path.*, p. 41.)

Here Fletcher refers to his own explanation of homœopathic action, and not to Hahnemann's, which was quite different. Therefore it will be advisable to refer to Hahnemann's own definition and use of the terms. The first complete statement is to be found in the *Fragmenta*,* where he divides medicinal action into primary, secondary, paroxysmal (probably the same as afterwards called alternating), and after-effects ("reliquiæ"). The two latter we may dispose of at once, as the alternating actions are merely paroxysmal alternations of primary actions, and the after-effects are merely morbid states roused by any violent or long-continued disturbance of an important function, and have no specific relation to the particular drug which excited it.

With respect to the primary and secondary actions, Hahnemann directs attention to the well-known fact that in the operation of external agents upon the living organism, in a large number of instances the first palpable effects are followed by a diametrically opposite state. The following are a few illustrations of this:—

"Examples of *a* are frequent enough. A hand bathed in hot water is at first much warmer than the other hand that has not been so treated (primary action), but when it is withdrawn from the hot water, and again perfectly dried, it becomes in a short time cold, and at length much colder than the other (secondary action). A person heated by violent exercise (primary action) is afterwards affected with chilliness and shivering (secondary action). To one who was yesterday heated by drinking much wine (primary action), to-day every breath of air feels too cold (counter-action of the organism, secondary action.) An arm that has been kept very long in cold water is at first much paler and colder (primary action) than the other; but removed from the cold water and dried, it subsequently becomes not only warmer than the other, but even hot, red, and inflamed (secondary action, reaction of the vital power). Excessive liveliness follows

* *Fragmenta di Viribus positivis medicamentorum*, 1805.

the use of strong coffee (primary action), but torpor and drowsiness remain for a long time afterwards (reaction, secondary action), if this be not always again removed for a short time by imbibing fresh supplies of coffee (palliative). After the deep stupefied sleep caused by opium (primary action) the following night will be still more sleepless (reaction, secondary action). After the constipation produced by opium (primary action) diarrhœa ensues (secondary action); and after purgation with medicines that irritate the bowels, constipation and costiveness of several days' duration ensue (secondary action). And in like manner it always happens, after the primary action of an agent that produces in large doses a great change in the health of a healthy person, that its exact opposite, when, as has been observed, there is positively such a thing, is produced in the secondary actions by our vital force." (*Organon*, § 65.)

Hahnemann, whose intellect was not emancipated from the belief in a vital principle, attempted to account for these phenomena by supposing that while the primary action was the direct effect of the foreign agent, the secondary was a preservative effort of the vital force, whereby the lost balance of nature is restored. He therefore called it counter-action, or healing-action. When the opposite to the primary action does not exist in nature, the preservative effort is manifested solely in the removal of the primary action and restoration to the former state. Hahnemann in this is far from clear, as he fails to show what becomes of the secondary action, and wherein consists the analogy between the two cases, viz. those that have opposites and those that have not. This, like other theoretical views of Hahnemann in explanation of the homœopathic law, has given rise to endless controversy into which I do not propose to enter, especially as the subject has been exhaustively treated by Griesselich* and Dudgeon.†

I will address myself chiefly to the explanation of these opposite phenomena as given by Fletcher, and to the means of their discrimination, which the division of medicinal action into absolute and contingent affords. For it is of the

* Griesselich, *Handbuch der homöopathischen Heilkunst.*

† Dudgeon, *Lectures on Homœopathy*, Lond. 1854. Turner.

greatest practical importance, to distinguish which are the primary and which the secondary symptoms of a medicine. This was fully appreciated by Hahnemann in his earlier days, but has been somewhat lost sight of in the more lax method followed in the later provings both of Hahnemann and many of his followers.

To explain Fletcher's theory, let us take the example of an ordinary purgative. The first impression of the foreign stimulus is to constrict the capillary arteries of the mucous membrane, say of the colon; this state, which corresponds to the latent stage, well known to belong to the operation of all medicines as well as diseases, is followed by a collapse or exhaustion, and consequent dilatation of the capillaries, during which (as in the analogous case of inflammation), the increased secretion takes place. After this has continued for a time, proportioned to the power of the stimulus, the capillaries recover their tone and the excessive secretion ceases. In obedience to the law of exhaustion of irritability the natural stimuli are now insufficient to produce their usual effect. The consequence is that for a time there is a diminished secretion, that is, a state precisely the opposite of that which obtained previously. This latter state corresponds to the secondary action of Hahnemann, or more properly, after-action, which would more truly render his expression, viz. "nachwirkung." This, however, is no action of the medicine at all, but merely the exhaustion or fatigue which follows every excessive vital action. It thus appears that what is termed by Hahnemann the primary action is composed of two stages, while the secondary is not properly a medicinal action. We can now see what corresponds with Hahnemann's secondary action in those instances where no opposites apparently exist in nature, if we contrast the operation of a purgative with that of a rubefacient. The purging in one corresponds to the reddening of the skin in the other; in both there is first constriction, then relaxation of the capillary vessels, but after the purging there follows constriction, while after the redness—what follows? no apparent phenomena analogous to the secondary action at all. The difference, however, is

only apparent, for a real analogy exists in the impaired function of the skin and its diminished irritability, so that a repetition of the same rubefacient does not produce an equal effect. Now, these are quite as real with respect to the skin as the constipation is with respect to the colon, but they are not striking, and are therefore mostly overlooked; whereas the interruption of an important function such as that of the bowels, gives rise to subsidiary symptoms, and forces itself on the attention. The same may be said of sleeplessness after opiates, the suppression of urine, sweat, gastric juice, bile, and other important secretions, after the operation of their over-excitants, contrasted with the apparent absence of secondary action following the cure of inflammatory irritations of the tissues and painful disorders. We thus see that by the true physiological action of the drug, both Fletcher and Hahnemann mean the same thing, viz. Hahnemann's primary action, which, however, is divided by Fletcher into two stages, and his *rationale* of the curative process is that the first stage of the drug action fits into the second stage of the disease, thereby filling up a want, and not overpowering an exalted diseased action by a still greater medicinal action. The therapeutic action is, therefore, antipathic after all, though the drug be homœopathic in respect to its physiological action. Why, then, does Fletcher retain the usual terms in speaking of the action of medicines, since the simplest action is, in fact, a double process? For this reason, that "it is the permanent, not the temporary or primary (*i. e.*, first stage) effect of a medicine that we have any great interest in understanding (*Path.*, p. 473). That is to say, that though theoretically it may be of great interest to know that the first stage of the action of a purgative is a temporary and altogether latent period of constriction, yet practically it is of most consequence to know that there occurs a permanent dilatation and increased secretion; for this is the palpable action which we count upon producing at will.

We must note here that the expression permanent refers solely to the physiological and not to the therapeutic action.

According to Fletcher's theory the second stage of

the primary action of the exciting cause of disease is that to which we apply the name, and which we are called upon to treat in all diseases of the inflammatory and febrile type—thus comprehending all inflammations, fevers, indurations, hypertrophies, adhesions, morbid growths, catarrhs, and increased secretions, dropsies, hæmorrhages, suppurations, and gangrene. This is a sufficiently extensive and important list to show that any theoretical principle correctly applied to it would form the basis of a general theory of the action of specifics.

Now the foregoing explanation does apply to this large division of diseases, and it would not be difficult to show that it is applicable to the functional diseases also. It can also be shown that a similar explanation is applicable to the action of the other classes of medicines.

But this subject, involving as it does, a complete study of nervous pathology, and the *rationale* of the action of neurotics, is too extensive to be here entered upon; we will therefore take it for granted that Hahnemann and Fletcher both agree that it is in the correspondence with the double primary action alone that the true specific curative action of medicines resides. It therefore becomes of paramount importance to discriminate between the Hahnemannic primary and secondary symptoms in any list of medicinal effects. For it is really true that the primary are homœopathic and the secondary merely allopathic and palliative, and if you give a large dose in the *former* case, it will be hurtful, while if you give a small dose in the *latter*, it will be simply useless—not even palliative. We have already stated that the secondary action as displayed in the manifestation of an opposite state is merely the exhaustion which succeeds over excitement of a complete process, and is only perceptible in the case of a very considerable over-action of the more important functions and secretions. This suggests to us a practical means of discriminating the primary and secondary actions, for we can hardly expect to meet with the secondary except in the class of medicinal actions called absolute. (See p. 76 of this vol.)

If, therefore, a connected narrative of the sequence of

phenomena be given in any case of the absolute action of a drug, there can be no danger of mistake. But if the symptoms are separated from each other, and their order of occurrence lost, their significance is entirely destroyed. It is otherwise with the contingent class, from which we do not get those violent disturbances of action above alluded to; therefore it may be practically considered that all the symptoms of this class are available for homœopathic use. This corresponds pretty nearly with Hahnemann's statement, that almost all the symptoms produced by moderately small doses are primary, and explains how it was that the distinction gradually was lost sight of when the provings came to be made up almost entirely of contingent symptoms.* Those theorists, however, were quite wrong who tried to refine away the distinction between primary and secondary symptoms, and then deeming it of no practical value, arranged the materia medica in such a way that it was impossible to distinguish the two classes of symptoms. For though this might do no harm with respect to the contingent symptoms, it would be tantamount to abandoning the use of the absolute class in homœopathic practice altogether. A great error, in my opinion; for it is to this class that we owe, to a great extent, precise knowledge of the seat and degree of the actions of medicines, without which we can never use them with confidence, especially in active disease.

Assuming the correctness of Fletcher's theory of the homœopathic process of cure, viz. that the first stage of physiological action of the drug furnishes the exact kind of stimulus required to raise the diminished action of the vessels constituting disease up to the line of health, it follows of necessity the dose must be carefully regulated so

* An exception should be made in respect to those contingent actions which require a double series of exciting causes, viz., those in which the medicine seems to act the part of an abnormal predisposing cause and produce a state of dormant disease which the subsidiary common exciting causes rouse up into a compound active disease as explained in the April number of this volume. Here, of course, secondary symptoms will occur and should be distinguished.

as not to exceed a certain amount of stimulus. For it is evident that if the stimulation passes in the slightest degree beyond the line of health, a corresponding collapse or exhaustion follows, which, being added to that already existing, produces aggravation of the disease. For the inevitable collapse, exhaustion, recoil, fatigue, or however designated, dogs all over-excitement as inexorably as the shadow attends upon the light, and forms a standing proof of the truth of the Brunonian theory of life. The exceptions furnished in the law of exercise and in dietetics are only apparent, not real.

The dose, therefore, is sharply limited on this side. It must of necessity be less than is sufficient to produce the physiological action as above defined. This renders apparent the propriety of the definition before given, of a specific, viz. "a medicine which cures by the complete absorption of its physiological into its therapeutic action." On the other side, however, viz. the possible smallness of the dose, theory gives us no information whatever, but experience has taught us that doses of previously unheard of minuteness may be sufficient to give the needful impulse towards recovery. As just now said, the line of possible dose is sharply limited on one side under penalty of aggravation. This is undoubtedly true of a large class of cases, but the fact must not be lost sight of that numerous exceptions occur to this rule, and these have constituted a difficulty which has proved a stumbling-block to the acceptation of the homœopathic theory of specifics. The homœopathic school are constantly in the habit of asserting that a large number of medicines used empirically by the allopathic school do in reality cure on the homœopathic principle. This assertion has not carried conviction because it has been met by the inquiry why, in that case, do they not aggravate the disease considering the large doses that are employed?

We know that large doses of *Belladonna* in arachnitis and convulsions, *Arsenic* in gastritis, *Ipecacuanha* in vomiting, *Cantharides* in cystitis, &c., would infallibly aggravate these diseases. Why, then, can we give an unlimited dose, or, at least, one up to the verge of poisoning, and still cure

specifically—or, at least, not aggravate—other diseases by the use of medicines such as *Sarsaparilla* in skin diseases and rheumatism, *Iodide of Potassium* in the same, *Colchicum* in gout, *Arsenic* and *Cinchona* in ague, &c. &c. To this question I cannot find any satisfactory reply in homœopathic writings on the subject. It may be sufficient to notice that of Dr. Henderson, which may be considered to give a fair *résumé* of the explanations that have been adduced. The arguments are reduced to two: first, that between rapid elimination through the natural emunctories and chemical neutralisation in the *primæ viæ* the excess is removed, and it may be that "the allopathic doses of specifics amount in reality to *working* doses no larger than the ordinary homœopathic ones." Second, "Allopathic doses of specifics which are truly homœopathic in their action, while they may succeed in curing the disease, are liable to do so at the expense of more or less serious injury to the general health or to parts of the body." Of this, he gives as an example a case of rheumatic iritis which was successfully treated by an allopathic physician with *Calomel*, but at the expense of a mercurial inflammation of the mouth and tongue which confined the patient to the house for a month. Eleven months afterwards the patient was again seized with the same disease, and in quite as severe a form. He applied this time to Dr. Henderson, who gave him a drop of the 2nd dilution of *Corrosive sublimate* every four hours. "In four days the eye was nearly well, and in eight days the patient was at his usual business in perfect health." ('*Hom. Fairly Represented*,' p. 234.) It must be obvious that these observations do not meet the difficulty, for though it is quite true that rapid elimination may account for the fact that large doses of medicine are less hurtful than might be anticipated, and that a considerable proportion of the usual doses are probably superfluous, yet sufficient remains to produce the effect in question. Dr. Henderson in fact shows this by his second observation, which thus neutralises the first; for a sufficient "working dose" remained to give the patient a mercurial inflammation of the mouth and tongue for a month, while, at the same

time, the disease to which it was homœopathic, was cured and not aggravated, as it should have been, especially as we are constantly assured that the susceptibility of the diseased organ is immensely increased to the homœopathic medicine. Thus the difficulty is not removed, but, on the contrary, placed in a stronger light than before. In default therefore of a satisfactory explanation in the ways hitherto attempted, I would suggest that it be sought for in the division of medicinal actions into two great classes, viz., the absolute and the contingent, as set forth in my former paper in the April number of this Journal. In the absolute class the susceptibility to the particular stimulus can never be entirely exhausted, though it may be diminished; therefore by a repetition of the drug in sufficient dose, the physiological action can be again produced, and the disease thus aggravated. It is otherwise with the contingent class, for according to § 18, the susceptibility to their particular stimulus is liable to complete exhaustion for a longer or shorter period. When therefore the medicine has once been given up to the limit of physiological action, the susceptibility is then exhausted, and no further effect can be produced either by the repetition or the increase of the dose. Aggravation, therefore, becomes practically impossible. I presume, therefore, that in these instances the specific susceptibility to the remedy is exhausted *pari passu* with its curative effect, consequently we cannot here cause aggravation any more than in the healthy body, could we produce the specific action at all, except *contingently* on the presence of that specific susceptibility.

In a former treatise on the dose I ventured to lay it down as a principle that true aggravation belonged only to the absolute class of medicinal actions, and to propose as both a test and a definition of true homœopathic aggravation, that it consisted in "that increase of the disease following directly the administration of a homœopathic remedy, and within certain limits capable of being reproduced by subsequent similar or somewhat larger doses." Reflection and experience during the many years which have elapsed since that was written have confirmed me in the belief of its

correctness. It is plain it does not apply to the contingent class, nor indeed to the higher dilutions of the absolute class. The degree of dilution necessary to avoid real aggravation is very soon reached—probably at the 1st or 2nd centesimal dilution, therefore any purpose to be served by further dilution must be some other than to avoid aggravation, which was the original intention of all dilution. It is true that a certain disturbance is liable to take place at the first action of any homœopathic medicine, even when acting beneficially, but its presence is the exception and not the rule; it is not necessary to the cure, nor does it hinder it; its occurrence cannot be predicted, nor can it be reproduced at will, therefore I suggested that this phenomenon as well as all minor collateral phenomena that have no bearing on the specific cure should be distinguished by the term *medicinal perturbations*, because they are of no practical moment, and dilution has no bearing upon them. What the cause is of the effect that dilution has upon contingent symptoms is very hard to discover. The theory of a physical development of power by succussion is now universally exploded, but instead of venturing on new theories, I think we had better admit the difficulty, and accept the fact that a certain degree of dilution gives the power of eliciting contingent symptoms that are not manifested in experiments with large doses. How much the dilution must be, depends on a variety of differences in individual constitutions and susceptibility; therefore it is on this, and on the non-liability to true aggravation belonging to the contingent class, that depends the explanation of the fact that we can often cure homœopathically a morbid state in one person which has been produced by a smaller dose in another person, *i. e.*, the healthy prover. This has really been felt to be a great difficulty with many of the homœopathic school, and is the source of much hesitation in the choice of the dose. This independence of the amount of dose in the cures by the contingent class of medicinal actions furnishes an explanation of the allopathic difficulty alluded to. We have seen that the law of contingency prevented the allopathic school from discovering that the empirical

specifics they use are really homœopathic, because it hid from them the fact of the true physiological action of the drugs. Now in the case of the absolute class they know well enough the physiological action, but not venturing to try small enough doses, they could never find out their homœopathic specific use. Why the small dose is essential in one case, and not in the other, consistently with the truth of the homœopathic theory, will always, till explained, prove a stumbling-block to inquiring minds.

I may now call attention within the homœopathic school to the practical use of the distinction of the absolute and contingent classes of symptoms as regards the dose. We have seen how in the foregoing case by Dr. Henderson the production of collateral symptoms did not involve aggravation of the disease. I will here give a similar one, where the contrast between the different reactions towards the dose between the absolute and contingent symptoms was well marked. The medicine was *Glonoine*, whose power of causing headache is well known. This action is peculiar, and at the same time absolute, and can be produced at will, just as the pupil can be dilated by *Belladonna*, or vomiting produced by *Ipecacuanha*. The case in question was one of severe facial neuralgia, characterised among other symptoms by the presence of painful pricking, smarting, and feeling as if swollen in parts of the tongue and mouth. By means of the repertory this symptom was at once found to be met by *Glonoine;* and on referring to Dr. Hering's excellent proving in the *Americanische Arzneiprüfungen*, this symptom is seen to be among the contingent symptoms, and only belonged to one or two, apparently, of the numerous provers. As the medicine suited in other respects, I ordered the 3rd decimal dilution ($\frac{1}{1000}$ gr.) every three hours. The patient reported great relief of the pain, but also that headache had come on, which was aggravated by each dose of the medicine. The dose was diminished, and the medicine continued; the improvement then went on without further headache or new symptom. Here, then, was no aggravation, but, on the contrary, steady amendment of the contingent symptoms, while the medicine was strong enough to produce

and aggravate by each repetition an absolute symptom. The same happens constantly with many other medicines, such as *Mercury, Ipecacuanha, Colocynth,* &c., of which we possess accurate knowledge of some cardinal absolute symptoms. These collateral effects do not aid the cure, nor do they detract much from it if slight: therefore they may sometimes be used as a test of the general susceptibility of the patient. But, then, however acute the general susceptibility to absolute actions may be, are we sure that in any given case the contingent susceptibility will be present at all in the particular patient? This is Dr. Fletcher's objection to the applicability of the homœopathic system to practice noticed at p. 88 of this volume. In addition to the remarks made there, I may add that our reason for believing it present is very simple and satisfactory, viz., that as the patient has already the disease, it is plain his susceptibility to the exciting cause of the disease, whatever that may be, is sufficiently developed towards *similarly* acting agents, *i. e.*, the homœopathic remedies. The difficulty has been already met by Dr. Madden in a similar way as follows:

"This difficulty of producing the idio-dynamic action of a remedy does not in any way obstruct our practice, because whenever a remedy is indicated in the treatment of a disease this very indication proves the existence of a receptivity for its action."*

Besides this, it is almost, if not quite, universally stated in homœopathic writings that the susceptibility to the homœopathic remedy is not only present, but exalted to a very great degree, a circumstance that would help us here, though it would add to the former difficulty of reconciling the difference of the two classes as to dose. Of late I have begun to doubt the correctness of this position, and to believe that it is simply present, and no more, not exalted in any notable degree, and that there is no necessity why it should be. But for this, as for many other interesting subjects, there is no more time or space at present.

* Madden, *Brit. Journ. Hom.*, vol. viii.

REVIEW.

A System of Medicine. Edited by J. Russell Reynolds, M.D., F.R.C.P., Lond. Vols. I and II. Macmillan and Co.

The appearance of so complete a treatise as the present on the science and art of medicine, calls for more than a passing notice from us. Aiming, as it does, to embody all that is known up to the present time concerning disease and its treatment in what we call the "old school," it strongly claims our interest. That our brethren should learn from us in therapeutics is, for the present, on any large scale, impossible. Prejudice has closed their eyes, that they see not; and their ears, that they cannot hear. But it would be a very suicidal revenge on our part if we refused to acquire what they have to teach on diagnostics and pathology, in both of which every year marks more or less advance. Even their therapeutics, crude and insufficient as they are, may sometimes furnish a hint of value to us: and indeed, as to the general management of the patient, are mostly all that we could desire.

That justice has been done to the present state of medical knowledge in these volumes may be assumed from the names of some of the fellow-labourers whom the accomplished editor has associated with him in his task. Parkes, Maclean, Goodeve, Bristowe, Hutchinson, Marson, Seaton, Buchanan, Gamgee, Garrod, Anstie, Chambers, Radcliffe, Hughlings Jackson, Gull and Begbie—each and all suggest large general acquaintance with medical science and art, or special devotion to the particular subjects on which they

write. Some inequalities in execution we shall notice as we proceed: but on the whole the book is a valuable acquisition, and is worthy of British Medicine.

We propose on the present occasion to pass through the several articles of the first volume, noting such points of interest as they may present.

The introduction, by the editor, is pleasant and lucid reading, but contains nothing new. Certain paragraphs in it, however, may advantageously be cited here, as likely to serve as defensive weapons for ourselves on some future occasion.

"Disease is a complex state of a complicated organism, and although the name which we may give it may be intended to express its primary or most important fact, we cannot separate this one fact from others with which it is associated, but must regard them as integral parts of the malady we have either to study or to treat. They may differ, from an outside point of view, in proximity of relationship; but the heat of skin, the altered pulse-respiration ratio, the nature of the expectoration, the changes in the secretions, in the nervous system, and in the prospects of life, together with the altered resonance, breath- and voice-sounds, are as much parts of the disease called 'pneumonia' as are the structural conditions of the lung. Some of them may be signs by which we recognise its presence, but they are also essential elements of the malady itself. In like manner it might be shown with regard to other diseases, that a precisely similar relation exists between what we have denominated 'symptoms' and what we understand by 'disease.' We cannot know of the existence, during life, of any disease except by its symptoms; we cannot conceive of disease apart from some recognizable change in either function or structure; and these changes constitute the disease: nor can we, on the other hand, imagine the existence of what we call 'symptoms' apart from the correlative idea of what we conceive to be 'disease.' The two classes of action have been, of necessity, distinct in their development; but the maintenance of the distinction between them has been a hindrance to true progress in pathology."

"As a general rule the objective are much more valuable than the subjective symptoms; but let it be remembered that the importance of the latter is very widely variable, and that sometimes it may far exceed anything that can be derived from direct observation. In the early stages of some serious diseases of the heart, or brain, nothing may be presented to the practised ear or eye; and yet the patient tells of a deep unrest, or sudden horror, which, although it has no objective sign, may be the herald of a sudden or lingering disease; as true and as important—although to others the mind seems clear, and the heart's beat healthy—as any murmur we might hear with the stethoscope, or any palsy we might measure by the hand. We have to deal with man as a whole; and to ignore or undervalue what he tells us of his ideas, emotions, or sensations, because they may be termed 'subjective symptoms,' and be held to be therefore unreliable, would be to shut out from ourselves that which —egotistic and fearful, prejudiced and ignorant as man may be—yet forms an integral part of his life, and therefore of his disease. We must be careful to give to both groups of symptoms their true value, and our danger in the present day is to underrate the importance of those which, a few years ago, constituted almost the total symptomatology of disease."

"In the earlier days of medical science the problem of diagnosis might be stated thus: 'given the symptoms, to find the disease;' but, in these days, such problem may be translated into the following terms:—'given some of the elements of disease, to discover the others.'"

The plan of classification adopted is simple, and on the whole satisfactory. Diseases are divided into two great groups: 1st. Those in which the whole organism appears primarily and prominently deranged, and 2nd. Those in which special organs or systems of organs are in like manner affected. We hardly, however, think it practically, though it may be pathologically, correct to place in the first category such diseases as influenza, diarrhœa, dysentery, cholera, mumps, croup and hooping-cough. However, as we have them here, we shall consider them accordingly.

"Influenza," by Dr. Parkes, begins the list. His definition is capital—"An epidemic specific fever, with special and early implication of the naso-laryngo-bronchial mucous membrane; duration definite of from four to eight days; one attack not preservative in future epidemics." This precedence of the "fever" in influenza is an important point for practice. It seems to teach us that however useful and indeed indispensable may be such medicines as *Hyoscyamus, Tartar emetic, Kali bichromicum,* and *Eupatorium perfoliatum* for the local implications, we must all along be opposing to the malady a remedy corresponding to its characteristic fever. We need hardly add that we have this in *Arsenic.*

There is nothing worthy of note in Dr. Parkes' account of the disease: and the medicinal treatment is of the most commonplace allopathic (in the strict sense of the word) kind. The hints on general management are good. The preferability of *cool* rooms and drinks—just the opposite of what is required in common catarrh—is insisted on. Very weak cold white-wine whey is the only stimulant recommended, save for old people. We venture to say, however, that an occasional glass of champagne or some other effervescing wine will always be beneficial.

"Malarial fevers" are next treated of, by Dr. Maclean, whose large Indian experience makes him an authority on the subject. The general account of the first of these fevers, ague, is rather scanty. Some interesting points are noted. First that "the sensation of cold of which the sufferer complains is merely a subjective symptom. Incredulous as the shivering patient may be, it is certain that the temperature of his blood, even before the rigors begin, is above the natural standard, a fact which is at once demonstrated by placing a thermometer in his axilla, which rises rapidly until it indicates a temperature of 105° to 106·3° Fahr." We thus learn to give *Aconite* during the cold as well as the hot stage. Next, that the proportion in the urine of urea, uric acid, and chloride of sodium is greatly increased during both cold and hot stages: and that "after ague has been apparently cured by *Quinine,* there occurs in the next two or three days an

increase in urea, chlorine, and water, at the hours when the fit would have occurred but for the *Quinine.*" Again, that "in a lunar month from the date of his first attack, even should he not in the interval be exposed to malaria afresh, there will be a tendency in his system to repeat the same phenomena as before, and this tendency will be strengthened with each successive attack."

As to the treatment of ague, Dr. Maclean of course says that "in *Quinine*, skilfully used, we have a remedy, particularly in first attacks, which almost deserves the epithet 'divine,' which has been applied to it." We cannot understand the prejudice which seems to exist in the minds of many of our colleagues against this medicine. The power of *Cinchona* over the intermittent paroxysm was the Newton's apple which led Hahnemann to homœopathy. At the present day, Dr. Latham cites it as the cardinal instance of the "cure" as distinguished from the "treatment" of disease. It has been shown by our lamented Russell that "the disappearance of ague as a cause of mortality, exactly coincides with the introduction of *Cinchona* bark into general use in this country," so that while between the years 1653 and 1660 there died in England of ague 10,666 persons, in the corresponding septenary period 1733—1740 the deaths from this cause were only 31. *Quinine* confessedly answers every requirement of a homœopathic remedy; it acts singly, directly, in small doses, and in virtue of the principle of similarity. Take possession of the vascular nerves with your *Quinine*, and the malarious poison finds no other point of attack,—henceforth disturbing the organism, as we have seen above, only so far as is necessary for its elimination. Hence, we take it, the prophylactic power of the drug, which is rather better established than that of *Belladonna* against scarlatina, and rests on the same ground.

Dr. Maclean's treatment of the enlarged spleen so often bequeathed by ague is worth citing. "We have a powerful remedy for it," he writes, "in the ointment of the *Biniodide of Mercury*, applied over the gland. The experience of

many practitioners in India having demonstrated the extraordinary efficacy of this remedy in cases of goître, it has of late years been successfully used in some parts of India as a remedy in solid enlargements of the spleen. When used in goître, a portion about the size of a nutmeg is applied over the swelling with a smooth spatula, and the patient is directed to expose his goître to the sun's rays as long as he can bear the smarting which quickly follows. A second application is immediately made, and it rarely happens that any furthur treatment is necessary. Within the last six months we have been very successful in the Royal Victoria Hospital, Netley, in treating enlarged malarial spleens and livers with this ointment. I have pursued the same plan, substituting the heat of a fire for that of an Indian sun. In some cases where the spleen has extended down into the pelvis, it has, after several applications, been reduced almost to its normal limits; and in only a few cases has it failed to reduce the size of the organ most signally. It has acted just as energetically upon enlarged malarial livers. This mode of treatment is worthy of extensive trial, and I am the more induced to recommend it to the notice of the profession in England, because in not a single example has it induced any unpleasant constitutional action."

The power of the *Biniodide of Mercury*, internally administered, over the glandular enlargements of typhus and scarlatina is so great that we would suggest its trial in the same manner here.

The one point about the remittent type of malarious fever which Dr. Maclean is anxious to enforce is, that we must not be led away by the height of the fever or by "complications" to run after ordinary measures, but must stand to our *Quinine*.

An article on "Diarrhœa" follows, from the pen of Dr. Goodeve. This gentleman's titles corroborate the impression derived from his language, that he knows the disease of which he writes only as it appears in India. This greatly detracts from the value of most of his remarks: but it renders especially interesting the account he gives of the

chronic diarrhœa of Indo-Europeans, the "white flux" as it is there called. Change of climate is regarded as essential for confirmed cases. We only wish that the virtues of *Arsenic* in these conditions were known in India. A friend of ours in the Peninsular and Oriental Company's service had several opportunities of treating soldiers invalided for chronic diarrhœa with this medicine; and he tells us that one of his colleagues said to him "Well; I know nothing of homœopathy, but I certainly believe in *Arsenic* for chronic diarrhœa."

In post-mortem examination after death from this cause, there is found great thinning of all the coats of the small intestines, so that they are quite translucent.

Professor Maclean now reappears as the writer of the article on "Dysentery." An experience limited to the tropics and to Netley is no disadvantage here, as Dr. Maclean assures us that genuine dysentery is hardly ever seen in this country. He confines the term strictly to the specific febrile disease, affecting the large intestine much as typhoid fever does the small, which results from a peculiar kind of malaria. Its specificity is proved by the uniformity of its phenomena, wherever occurring. Thus the late Dr. Baly, in the account he gave of an epidemic in Millbank prison in 1846, showed that the disease was precisely the same in its symptoms, course, and lesions, with that described by Sydenham, and by writers on tropical diseases of the present time.

Dysentery is one of the few diseases for which the writers in this "System of Medicine" profess to have a really specific and curative remedy. In the present instance it is *Ipecacuanha*. We are glad to learn from Dr. Maclean that throughout India the use of this medicine has "almost entirely superseded the old plan of general and local bleeding, with mercurialization, either by *Calomel* in scruple doses, or in smaller quantities at short intervals, in combination with *Opium*." The result has been a very great diminution of the mortality from this cause. The *Ipecacuanha* is administered in one large dose—20 to 30 grains—and

repeated at long intervals in reduced doses if necessary. If the patient is kept still, and fluid withheld for some hours, the nausea and vomiting resulting from this emetic dose are said to be rarely troublesome. On the other hand "all who have had opportunities of trying this mode of treating dysentery can bear testimony to the surprising effects that often follow the administration of one or two doses of *Ipecacuanha* given in this manner. The tormina and tenesmus subside, the motions quickly become feculent, blood and slime disappear, and often, after profuse action of the skin, the patient falls into a tranquil sleep and awakens refreshed." It must be remembered that in this disease "complete restoration to health by the unaided efforts of nature is an extremely rare occurrence; one of two things happens, either the disease destroys the patient, or it passes into the chronic form." The action of the *Ipecacuanha* is therefore truly curative, and deserves our consideration. We cannot, in the present state of our knowledge, claim it for homœopathy; and we have no facts to show that the *Mercurius Corrosivus* which we find so valuable in the dysenteric diarrhœa of this country will act equally well in the true tropical dysentery.

Dr. Goodeve's article on "Epidemic Cholera" is far more satisfactory than his previous one on Diarrhœa. A very large body of information relative to the disease is brought together. Upon the vexed question of its pathology his opinion is suspended. The treatment he recommends is so far negatively good, that he would let the patient very much alone, and prefers cold water to stimulants in collapse. The absence of any positive remedial measures, and the indiscriminate way in which our invaluable *Camphor* is lumped together with *Ether, Ammonia, and Assafœtida,* are painful to us: but it is useless to remark upon these points.

The chapter on "Pyæmia" is written by Dr. Bristowe, of St. Thomas's. After discussing the various theories which have been framed to account for its phenomena, he arrives at the following conclusions.

1. Pyæmia is almost invariably, if not always, preceded

by some local suppuration, and this of an erysipelatous, gangrenous, or otherwise unhealthy sort.

2. The link between the local mischief and the constitutional infection is most frequently inflammation of the veins of the part affected, but may be simply absorption of unhealthy ichor.

3. The local lesions which characterise pyæmia are congestions, extravasations of blood, inflammatory deposits, abscesses, and necrosis. These are generally, if not always, the result of blocking up of small arteries either by "emboli" detached from the veins of the part primarily affected, or by "thrombi" formed within the arteries by the unhealthy blood. To the "ichoræmia" itself are due certain diffused inflammatory processes (as inflammation of the joints and of serous surfaces) for which arterial obstruction will not account.

4. The constitutional symptoms of purulent infection are rigors followed by sweating, a typhoid condition, quick and weak pulse, jaundice, early prostration, and generally death. The jaundice is not dependent on any appreciable affection of the liver. When the disease takes a more chronic course, the symptoms are those of hectic.

We have entered into these details, because pyæmia is a disease almost new to homœopathic literature, and we ought to form an opinion as to the remedies most likely to control it:—especially as allopathy professes itself nearly powerless to avert the fatal issue. Upon the data before us, *Lachesis* is the most promising we have. The phenomena, local and general, which follow the serpent's bite lead us to expect that when a local affection assumes a malignant character, and from thence proceed poisoning of the blood and prostration of the nervous energies, there *Lachesis* will be homœopathic and curative. Now this is just what we have in pyæmia. Experience has proved the value of the medicine in such analogous conditions as traumatic gangrene, malignant pustule, and septicæmia, from dissecting wound: and the following record by Dr. C. Dunham reads very like phlebitic pyæmia itself.

"I have three times been called to cases of chronic ulcer

of the lower extremities (probably of syphilitic origin) in which the discharge had ceased, the extremity had become œdematous, and a hard, slightly red, swelling extending up along the course of the principal veins—together with a great and sudden prostration of strength, low muttering delirium, and general typhoid symptoms—gave good reason for supposing that secondary phlebitis had occurred. In these cases a careful study of the symptoms induced me to give *Lachesis*. The effect was all that could be desired, the patients rallying promptly—all symptoms of phlebitis speedily disappearing." (*American Homœopathic Review*, vol. iv, p. 110.)

It is to be hoped that the surgeons attached to our hospitals, and who must have had opportunities of treating pyæmia, will communicate the results of their experience.

In chronic pyæmia, with hectic, the administration of *China* would probably aid good food and wine in supporting the system through the exhausting suppuration.

"Parotitis," by Dr. Sydney Ringer, treats of a disease whose mildness and familiarity leads us to overlook its remarkable character. No better illustration of what is meant by "essential" and "specific" diseases can be given than this of mumps. Here is an affection of one or both parotid glands, with a little fever, such as one might think an exposure to cold would readily produce. But observe that no such causation can ordinarily be traced: that it occurs rarely sporadically, generally epidemically: and that it is contagious, *i. e.*, has the power of reproducing its kind. Then notice that in some cases the condition present in the parotid will appear in other organs—notably the testicles and mammæ: that in some patients cerebral symptoms will occur: that in others, while the irritation seems passing from one gland to another, the system will be affected as from the retrocession of the acute exanthemata. And so mumps comes to take its place with these latter and with hooping-cough as one of those epidemic contagious disorders, depending on a specific poison, which affects nearly every one once in his life, and as a rule once only.

Little need be said as to the treatment of mumps. *Aconite*, followed by *Mercurius* for the parotid, and *Pul-*

satilla if the testicles or mammæ should be involved, is sufficient to give great relief, and to deprive the disease of any terrors.

Of Dr. Squire's article on "Croup," we have only to notice that he differs from almost all his fellow-writers in retaining the whole antiphlogistic apparatus. Bleeding, emesis, *Tartar emetic*, and *Calomel* are insisted upon as unhesitatingly as in the classic pages of Watson.

The article on "Hooping-cough," by Dr. Edward Smith, is one of the best in the book. It may be instructively compared with that of M. Trousseau, in the volume of his "Clinical Lectures" lately translated by Dr. Victor Bazire.

Both writers concur in regarding the spasmodic paroxysm as that which gives hooping-cough its *specific* character. But Trousseau regards the catarrh—and we think with justice—as also *essential* to the disease. He considers it a combination of neurosis and catarrh,—a "specific pulmonary catarrh." We think the complications of hooping-cough much more intelligible upon this hypothesis. Some of these are indeed mechanical results of the paroxysm; but, excluding all such, we have in the bronchitis and broncho-pneumonia an extension of the catarrh, in the convulsions a further development of the neurosis.

As to the natural duration of the disease, Trousseau estimates it as from fifty to sixty days; and states that no method of treatment should be regarded as curative which does not extinguish the symptoms in less than six weeks. Dr. Smith writes "In a typical case the catarrhal symptoms, without spasmodic cough, continue for about two or three weeks, and the spasmodic cough for three or four weeks." We ought, then, if our treatment is really curative, to improve upon the more favorable estimate of the latter writer.

As to prognosis, Dr. Smith reminds us that "although so very large a proportion of cases of hooping-cough recover, only six other diseases within the London district during the ten years from 1844 to 1853 inclusive were more fatal than hooping-cough; viz., phthisis, pneumonia, bronchitis,

typhus, convulsions, and scarlatina. Hence," he adds, "at the commencement of any attack of the disease it is well to speak of the future with caution." Trousseau considers that the danger has a close relation to the number of paroxysms. "I have been enabled to draw the conclusion," he writes "from a pretty good number of cases, that when the disease is of medium intensity, a child may have about twenty fits in the course of twenty-four hours; when it is more violent he may have from forty to fifty, and in still more severe cases, the number of paroxysms may get up to sixty, eighty, a hundred even. When the number exceeds forty, the prognosis becomes grave, whence this proposition may be laid down that, under the same circumstances, the disease increases in danger in proportion to the number of paroxysms. More than this, it may be almost absolutely affirmed, that when the attacks return more than sixty times in the twenty-four hours, the child will die of some of the complications to which I have already alluded, and of which I am going presently to speak."

With regard to treatment there is little difference between our authors as to the kind of remedy indicated, though they differ in the actual drug selected. A "narcotic" which shall stupefy the nervous centres, and so obviate the tendency to spasm, is considered by both to be the thing required:—M. Trousseau uses *Atropia* for this purpose, Dr. Smith *Morphia*. Both give, as may be supposed, very minute directions to avoid poisoning the little patients by the potent medicines they would have us employ.

The homœopathic treatment of hooping-cough is too large a subject to enter upon here. Suffice it to say, that under *Aconite* and *Ipecacuanha*, followed up by *Drosera*, we venture to say that few uncomplicated cases of hooping-cough need last longer than a month.

To the article on "Constitutional Syphilis," by Mr. Jonathan Hutchinson, we cannot give too unqualified praise. Full of original and most interesting matter, lucid in style and orderly in arrangement, it leaves in the mind a knowledge of syphilis such as no other treatise on the subject

we know of conveys. We had thought of epitomising it here; but to do so would be nearly to reproduce the article.

Dr. Milroy next treats of "The Plague," which fortunately is not a disease of practical importance to practitioners in this country or America. In choosing remedies for it, should any of us find himself in its presence in the Levant, the "buboes"—*i. e.*, engorgements of the lymphatic glands—must be regarded as the essential features of the fever, which in other respects differs little from typhus.

A series of articles now follow on the exanthemata. "Scarlet Fever" is discussed by Dr. Gee, "Dengue, or Dandy Fever" by Dr. Aitken, "Diphtheria" by Dr. Squire, "Measles" by Dr. Ringer, "Roseola" by Dr. Biegel, "Small-pox" by Mr. Marson, "Vaccination" by Dr. Seaton, and "Varicella" again by Dr. Gee. There is little to be said of these, except that they embody our latest knowledge on the subjects of which they treat. The contributions on small-pox and vaccination, however, deserve singling out, from the large amount of original observation they contain. We have already presented much of their substance to our readers in an article on "The Present Doctrine concerning Vaccination" in our April number. Dr. Aitken's interesting account of the dengue, or scarlatina rheumatica, as observed in the East and West Indies and in America, makes us regret that the physicians in attendance on the sufferers did not know the virtues of *Aconite* and *Rhus*.

Next we have the fevers proper. The article on "Typhus" by Dr. George Buchanan is worthy of all praise. That on "Enteric or Typhoid Fever" by Dr. John Harley is less satisfactory. Not that it fails to give full information regarding the disorder, but that some twenty-five pages are taken up in the exposition of a crotchet of the author's regarding its pathology, which we regard as quite out of place. "Relapsing Fever" is treated of by Dr. Warburton Begbie, who (we are glad to see) gives full credit to our colleague Dr. Henderson for his researches in reference to this disease, which he was the first to distinguish from the

ordinary continued fevers. Of "Yellow Fever" we have an able account, drawn largely from personal observation, by Mr. John Denis Macdonald, R.N., Surgeon to H.M.S. Victory. As the epidemic at Swansea, however limited, shows the possibility of the extension of the disease in these latitudes, we do well to be prepared to treat it. Mr. Macdonald agrees with Warren and Gilbert Blane that the yellow tint of this fever is due to changes in the red corpuscles of the blood, and not (as in the bilious remittents), to any true hepatic jaundice.

"Erysipelas" is the only disease in the present volume treated of by Dr. Reynolds himself. He confirms the growing opinion of the almost specific action of the tincture of the *Muriate of Iron* in this affection. It is an action which is rather a puzzle to us upon our theory. But happily with *Belladonna, Rhus,* and *Apis,* with *Arsenicum* and *Lachesis* to help us, we do not need the remedy, and so feel little practical interest in it.

"Glanders" and "Hydrophobia," as it were occupying a double field in veterinary and in ordinary practice, are treated of by the joint pens of Professor Gamgee and Dr. Arthur Gamgee. Upon the therapeutics of the former they say "All attempts which have been made to cure glanders in the horse have proved futile." Mr Moore, however, in his 'Outlines of Veterinary Homœopathy,' says "the writer has been successful on several occasions in curing cases of unequivocal glanders." The history of rabies canina, in the lower animals and in man, is presented in a very interesting manner. The hopeless account given of the treatment of hydrophobia when developed in the human subject is modified in Trousseau's clinical lecture on the same disease. He thinks that more weight should be attached than is usually done to the descriptions given by some writers of the vesicles under the tongue in the incubation stage of the malady. He suggests that it is possible that here is a local deposition of the virus, and that opening and cauterization of the vesicles may have the good effects ascribed to them. He suggests the subcutaneons injection of *Morphia* and *Curare,* and

adduces some facts in favour of the beneficial action of full doses of *Mercury*. Strange to say, however, he omits the far more numerous instances in which *Belladonna* has seemed to prevent and even to cure the disease.

Dr. Ringer treats of "Sudamina" and "Miliaria," but regards them both as results of sweating, and quite ignores the occurrence of the latter as a distinct eruptive fever. A good account of this malady, as observed among the Turkish troops in the Crimea, is given by Dr. Aitken in his 'Science and Practice of Medicine.'

The general diseases hitherto considered are classed as "those determined by agents operating from without." The few now remaining are distinguished as "those determined by conditions existing within the body." These are Scorbutus, Purpura, Rickets, Gout, Rheumatoid arthritis, Rheumatism, and Gonorrheal rheumatism.

"Scorbutus" is discussed by Dr. Buzzard. A very full and interesting account is given of its history. Its treatment is of course purely dietetic.

The article on "Purpura" by Dr. Hillier has already formed the basis of a paper on the disease in this Journal (Jan. 1868).

That on "Rickets" is by Dr. Aitken. It is almost entirely taken, however, from the lectures on this malady by Dr. Jenner in the *Medical Times and Gazette* for 1860. No better original description of disease than this latter has appeared since Sydenham wrote. It is a brilliant instance of the power of observing and detailing *symptoms*,—an art practised by Hippocrates and Hahnemann in its fulness, but now almost forgotten through the predominance of pathology.

The subject of "Gout" has been entrusted, as is only meet and right, to Dr. Garrod. Those who desire to see a complete exposition of the "humoral" theory of this disease cannot do so better than in the present essay. The objections to that theory have been so recently put by Dr. Drysdale in this Journal that we need not advert to them here. But we must dwell somewhat on the treatment

of gouty paroxysms, especially as Dr. Garrod refers to the supposed inutility of our remedies therein.

"At times" he writes, "even an early attack of Gout may lead to much mischief; when, for example, the feet are allowed to remain inflamed for any lengthened period, either from want of treatment, or from treatment injudiciously applied; considerable œdema may remain long after all pain and heat have subsided, a state often requiring special treatment for its removal. This result I have several times witnessed in patients who have allowed the disease to run its own course, *and also after homœopathic treatment.*" Further on he says "cases are now and then met with in which the affection has been left to itself, and several such have come before me. From the opportunities thus afforded, I have ascertained that *many of the earlier and slighter attacks of Gout will subside in a few days, provided the patient is moderately careful in diet;* but that, if the usual mode of living is indulged in, the attack may be prolonged, even to many weeks or months; or, if slight remissions take place from time to time, they are soon succeeded by exacerbations, until at last the patient's general health gives way, the appetite fails, and thus, under a necessarily altered diet, the disease exhausts itself; even then, the attack may last a long time, *as is likewise the case under homœopathic treatment, which, if honestly practised, and with the use of infinitesimal doses, is, I should imagine, exactly equivalent to the non-exhibition of medicines.*"

Dr. Garrod seems to imply, then, that to be under homœopathic treatment for an attack of gout implies that the patient will be allowed to indulge in his usual mode of living. Otherwise the attack, if early and not severe, might be expected to subside in a few days as when left to nature itself. The charge, if true, would affect homœopathic practitioners, and not their system of medical treatment. But however untrue it may be, it is only right to admit that our power over the gouty paroxysm is nothing to boast of. The silence of our literature upon the subject is very ominous. If any of our colleagues have had good

results it is to be desired that they would come forward and tell us how they have obtained them.

The same author treats of "Rheumatoid arthritis," and of "Rheumatism." By the former name he designates the affection commonly called "rheumatic gout;" but which he considers, and we think justly, entirely distinct from either rheumatism or gout proper. The stiffening of the joints and destruction of the cartilages which obtain in this disease are quite peculiar to it. As regards rheumatism itself, perhaps the most interesting thing Dr. Garrod has to communicate is the very satisfactory result of expectant treatment in rheumatic fever. On this point his own observations are confirmatory of those of Drs. Gull and Chambers.

A short but good account of "Gonorrhœal Rheumatism," by Mr. Brodhurst, concludes the volume.

CLINICAL RECORD.

Phytolacca in Syphilitic (?) Ulcers of the Feet.

A middle-aged woman, in general good health, apparently, applied to me to be treated for obstinate ulcers, located on the inner sides and bottoms of both feet. On examination, they appeared as if *punched out*, round in shape, with sharp edges, smooth sides, a lardaceous bottom, and about $\frac{1}{16}$th to $\frac{1}{18}$th of an inch in depth. There were five on one foot, and several on the other. The feet were somewhat swollen, and the ankles œdematous. The pain was a burning aching, with soreness on pressure. Walking, or using a sewing-machine aggravated the pain to a great degree. Dark, knotted veins traversed the sides of the feet in the neighbourhood of the ulcers. The first appearance of the ulcers dated back nearly a year. From the history of the case which I gleaned from her I suspected a syphilitic origin. She had had treatment from many regular and irregular physicians. Had taken large quantities of *Iodide of potassium*, *Mercury*, *Stillingia*, &c. Had been cauterized with *Nitrate of silver*,

but no benefit had resulted. I first thought of giving *Nitric acid*, but finally concluded to make the following prescription:—

Phytolacca, 2nd dec. dil., 10 drops three times daily.

Phytolacca cerate applied constantly to the ulcers.

Immediate improvement set in, and I was surprised to find, in less than three weeks, a complete filling up of the ulcers. I saw her six weeks afterwards, and she informed me that they remained healed, but some swelling of the feet and ankles occurred every evening.

I think the rapid cure with the *Phytolacca* quite worthy of record. I will add that I find this remedy, internally and externally, the best remedy I have ever used in the suppurative stage of carbuncle, furuncle, or malignant pustule. (Dr. G. M. Hale, in *Western Homœopathic Observer*, May, 1868.)

Effect of Benzoic Acid on the Urine.

Mrs. K—, a German midwife, æt. 38, called upon me in the evening of August 9th, 1867. Her urine was *dark brown, of putrid cadaverous smell*, and during micturition she suffered unbearable pains. She had no appetite, and the "whole body," as she said, "was in dissolution." She had been treated by two "rational medicine" doctors for three weeks. One of them had prescribed poultices, and afterwards an emetic; the other, having learned that the former had endeavoured, in vain, to shoot out of the system the inflammation of the bladder and urethra from below and in front upwards, thought it more rational, perhaps, because the bladder is nearer to the rectum than the stomach, to shoot it out from behind downwards, and had given a laxative.

Now she was convinced that if homœopathy could not help her she would die.

I prescribed *Benz. Ac.* 30, and the next morning her urine was of healthy colour and smell; but as the pain during micturition was not quite abated, I recurred to *Cantharis* 30.

In five days she was cured, and has remained so. (Mr. H. Bæthig, in *Amer. Journ. of Hom. Mat. Medica*, March, 1868.)

Lithium in Hemiopia.

B. M. Hayes, aged about thirty-five years, a book-keeper, had used his eyes excessively, day and evening, with insufficient light.

His sight had been failing for more than a year. When I saw him, September 26th, 1864, he had lost the use of his left eye. Vision with the right eye was incomplete. He could only see the left half of an object until he looked a second time, and more intently.

For example, looking at a sign on which was the name "Turner," he saw only "Tur," and had to rest his eyes and look again before he saw the second syllable. A similar perversion had preceded the loss of vision in the left eye. He applied to me to be recommended to an oculist. I advised him to try *Lithium Carb.* 30, and gave twelve powders to be taken dry, one every fourth night.

July 13th, 1865.—Mr. H— reported that he had resumed work in November, and that his vision was complete and perfect in both eyes. He had taken the *Lithium* as directed, and had done or taken nothing else.

This case confirms Symptoms 33 (*A. H. Review*, vol. iv, p. 11), "an uncertainty of vision, and an entire invisibility of the right half of whatever she looked upon; if two short words occurred in succession, the one towards the right hand was invisible," &c. (Dr. Carroll Dunham, in *Ibid.*)

Tellurium in Otorrhœa.

2. B. E—, æt. 9 years, had scarlatina in infancy, and ever since otorrhœa. He came to me in December, 1865. I found him quite deaf, with a purulent offensive discharge from the ears; also bleeding from the ear, very profuse; provoked by the slightest touch of the meatus externus by the finger. *Phosp.* did no good. *Lachesis* seemed to help him for a time.

Feb. 2nd, 1866.—He received *Tellurium* 30, to dissolve a powder in water, and take a teaspoonful three times a day.

Feb. 17th.—Reported improvement; discharge less offensive, and having improved, continue *Tellurium.*

April. 10th.—He had been much better. Had had hardly any bleeding, but within a few weeks the external ear had become greatly swollen. It was bluish-red, shining, and studded with vesicles; it exuded a thin watery fluid; the whole ear looked as if water-soaked. I gave *sac. lactis.*

April 17th.—The swelling was abated, and the eruption is drying up. *Sac. lactis.*

August 30th.—No more bleeding nor discharge. Hearing much improved.

This case confirms Symptoms 54[1] and 54[2], and furnishes a symptom ex usu in morbis, "Hæmorrhage from the ear." (Ibid., in *Ibid.*)

Thuja in Enuresis.

Miss K—, æt. 12 years, light complexion. Scrofulous diathesis. Called upon me in the early part of July, 1863, to prescribe for warts on her hands. I gave her *Thuja* 6th dilution, twelve powders, one to be taken every night; requested her to call again at the expiration of two weeks. She did so; I found the warts had assumed a ragged, seedy appearance, and were easily detached in small flakes. Repeated the *Thuja*, as before; in a month scarcely a trace of the warts remained. The following July, 1864, the aunt of the young lady called upon me to inquire if I remembered what remedy I had given Miss K— for warts, and remarking at the same time, "She did not tell you of another difficulty she was labouring under." I replied I had merely prescribed for the warts. She then stated that she had been under allopathic treatment for three or four years, and without any beneficial effect, for incontinence of urine; but as soon as she commenced taking the medicine for the warts that difficulty ceased, and she had been entirely free from it until that time, about a year, but it had returned. I again prescribed the *Thuja* 6th powders, 6th dilution, a powder to be taken every night. The effect was immediate, for after taking the first powder it again ceased, and she has had no return of the symptoms since, now upwards of three years.

About a year ago, September, 1866, I was called to prescribe for Miss T—, æt. 14 years, leuco-phlegmatic temperament, scrofulous diathesis, who was also affected with enuresis, and to such an extent, that she was unable to go to church or school. She, too, had been under allopathic treatment for two years without any beneficial result. I recognised in this case, also, the warty idiosyncrasy. I prescribed *Thuja* 6th, a powder every night. In two weeks the whole difficulty was removed, and she

was able to go into society, or where she pleased, and has had no return of the symptoms. I have prescribed *Thuja* in several cases of enuresis without obtaining any beneficial result, which I attribute to the absence of the warty idiosyncrasy. (Dr. W. H. Smith, in *Ibid.*)

Bryonia in Rheumatic Gonitis.

G. D—, March, 1845. Had been painfully affected with rheumatism in his knee for about eleven months. At night and in damp cold weather the pain was so excessively severe as to prevent sleep. There was a kind of paralytic weakness and instability in the limb that prevented walking more than two or three squares without stopping to rest. The knee was much swollen and stiff, and he experienced much difficulty in ascending and descending the stairs. Was affected with severe attacks of cramps in the leg, also convulsive movements of the limb for several hours, occurring always at night. Gave *Bryonia* 30, six doses.

On the eighth day from the commencement he was relieved from all his sufferings, and has not experienced the slightest return. Twelve days from the 6th of March he walked about four miles without any inconvenience.

He had also been affected for the last fourteen years with obstinate constipation of the bowels, and its concomitants, headache and vertigo; usual habit, one evacuation every three or four days; has been on some occasions eight and ten days without a single call of nature. Evacuations were so hard and difficult at times as to be obliged to resort to mechanical aid to force it from the body. The difficulty thus experienced in performing this duty obliged him to strain to that degree, that the rectum protruded some two inches beyond the verge of the anus.

This affection also disappeared simultaneously with the rheumatism.

He has ever since enjoyed good health, and has had daily evacuations. (H. H—, in *Ibid.*)

Petroleum in Rhagades.

M. O. B—, November, 1845. Has for the last ten or fifteen years been affected with bleeding fissures on the tips of his

fingers, which crack open, and are very sore; so much so that he had frequently to wear gloves. Sometimes found temporary relief from citron ointment. Has had three or four attacks a year, lasting from one to two months. Generally worse in winter. Gave *Petroleum* 30th, one dose.

One or two days after his hands began to heal up, and in four or five days they were entirely restored to a healthy condition. Some six months after he had a very slight attack, which lasted but a few days. Since which time, about twelve months, he has not had the slightest return. (Ibid., in *Ibid.*)

Nux in Dyspepsia.

In July, 1865, Mr. R— called to consult me in regard to himself. This gentleman was 50 years old, tall, spare, dark hair, yet pale. Emaciated and quite feeble in appearance; altogether he presented an aspect of extreme debility, tottering from place to place about the city, sitting down at short intervals for rest, and entirely unable to attend to labour or business of any kind.

History.—Sixteen years ago he had an attack of malarial fever, prevalent at the west, and had never recovered from the effects, not of the fever, but of the treatment he there received, for his troubles have indicated an irritable stomach ever since. During the first ten years following the above attack he was constantly under treatment of various kinds, and for various diseases, but principally called dyspepsia, and gradually and surely grew worse; but for the last six years he has kept aloof from medicines, and as a consequence has passed his time far more comfortably. At present his diet consists solely of griddle cakes made from unboiled flour taken in very moderate quantities, and cold water. The least deviation from the above regimen induces, within an hour's time, severe pain in occiput and cervical region of spine, with constant and severe pain and pressure, as of a stone in the stomach, attended with vomiting of the offending substances, and a sour-tasting mucus, followed by excessive languor and weariness, from which he slowly recovers in about forty-eight hours.

I commenced the treatment by giving a few powders of *Nux vom.* 3rd dec. trit., with directions to take every three hours.

In a few days he returned, having taken but two of the powders, and stated as a reason, "that like all other medicines they

made him so much worse that he could not take them." I now prepared six powders of *Sac. lac.*, and into one of these powders I put four or five of the smallest-sized pellets of Lehrman's 200th of *Nux vom.*, and numbered the powders from 1 to 6, marking the medicated one 3, and directed one to be taken each night on retiring, and report in a week. (The patient supposed the powders were all alike.) In a week he reported he was better, that that medicine agreed with him, except the No. 3 powder; that when he took that he felt a little of the old feelings, but it soon passed off, and since then he had felt much better. I now gave six powders of *Sac. lac.* marked as before, and same directions. At the end of the second week he reported, "Continued improvement." *Sac. lac.* again. At the close of the third week he reported as having "felt a little of the old sort" for a day or two. I now prepared the powders as at the first, medicating the No. 2 only. Same directions. In a week he reported decided improvement, but remarked that the No. 2 powder made him sick for a short time. Thus I continued giving one dose *Nux* 200 at intervals of about three weeks, and my patient constantly and rapidly improved until he returned to a full mixed diet and to labour. (Dr. F. A. Benham, in *Ibid.*)

A Pathogenetic and Clinical Contribution to the History of Cubebs. By E. M. Hale, M.D.

When the pathogenesis of this medicine appeared in the *Hahnemannian Monthly*, I was much interested and gratified; but my gratification was mixed with regret that the original provings were not published also. To my mind the pathogenesis of a medicine should not be published unless it is prefaced by the daily records of the provers. When we arrange the symptoms obtained by each prover, after the arbitrary method we have adopted, we lose sight of the sequential order in which those symptoms appear; their connection one with the other is broken up, and we miss the natural history of the effects of the drug.

If we were to adopt this same arbitrary method, in the study of disease, and arrange the symptoms of such a malady as scarlatina after this plan, we should be utterly unable to give the student any idea of the etiology of scarlet fever, or of any disease

whatever. The natural order in which the symptoms appear would be broken up, and the last symptoms mingled in confusion with the first. Medicines when proved upon the healthy organism tend to develope a series of symptoms which resemble the series of symptoms which occur in natural diseases. It is this resemblance of drug effects to disease, not only in symptoms, but in the order in which such symptoms appear, that makes a medicine homœopathic to natural maladies.

There are many things concerning the action of cubebs that we would like to know, but which we cannot learn from the *résumé* of its symptoms.

We would like to know, for instance, at what period during a proving the mental symptoms of "shamelessness and wantonness" appeared, and with what other symptoms they were connected. It is highly probable that such symptoms were coincident with the irritation of the genital organs, which appears so prominently as an effect of the drug; but there is nothing in the *résumé* which would teach the student this connection.

We would like to know, also, whether the *urinary* symptoms of the medicine appeared before, during, or after the appearance of the symptoms relating to the sexual organs.

Did constipation occur *before* the diarrhœa or dysentery, or after the occurrence of those conditions?

All these important questions, more important to the homœopathician than to the adherent of any other school, will only be solved when we have the original proving before us.

It should be deeply and for ever regretted by our school that the pathogeneses which Hahnemann gave us, and which we all admit are a most priceless legacy, are not attended by the original records of the provers who conducted their experiments under the direction of his master mind.

Were I not well acquainted with the general sphere of action of cubebs, and the natural history of its effects in large doses, as illustrated by the many cases which have come under my observation, of maltreatment with that drug in allopathic hands, I should be at a loss where and when to prescribe it. As it is, I have prescribed *Cubebs* with excellent curative results for many years, and solely upon indications based upon the symptoms I have observed in cases of over-dosing, the result of allopathic medication.

I have cured with *Cubebs* many cases of leucorrhœa; irritation

of the uterus and ovaries; catarrh of the bladder, dysuria, and renal disorder; and am gratified to find that the symptoms in the pathogenesis are very similar, often identical, with those which occurred in the cases I have cured.

I think I can add to the pathogenetic and clinical history of the medicine, by the narration of its use in a certain case, and the reason which led me to prescribe it.

Nearly two years ago, while reading Beck's *Materia Medica*, in his mention of *Cubebs*, he stated that he had observed in many instances, where the medicine had been continued for a considerable time in large doses, that it *caused symptoms similar to those occurring in femoral hernia*. He does not say that it actually causes the descent of the intestine through the *femoral ring*, but he evidently meant to imply that the medicine caused symptoms similar to those which *precede* the occurrence of that accident. These symptoms may be described as sensations of *weight*, *pressure*, and *pain*, in the region of the femoral ring, through which the femoral vessels pass on their way out of the abdomen to the extremity. The anatomy of this region is familiar to every physician, and need not be further mentioned.

Some time after my notice of this pathogenetic effect of *Cubebs*, I had under treatment a lady who complained chiefly of the symptoms above mentioned, to such an extent that I feared the actual occurrence sooner or later of a descent of the intestine. The downward pressure, pain, and weight occurred principally after walking, riding, lifting, and especially before and during the menstrual period. There were no other symptoms about the case worthy of mention, as the patient was quite healthy in other respects.

After patiently searching the *Materia Medica*, I failed to find the symptoms of any drug corresponding with those of my patient. I tried *Nux vomica*, *Lycopodium*, *Sulphuric acid*, and *Belladonna*, because they had proved useful in cases of inguinal hernia, but they failed to produce any amendment.

At this juncture the *Cubebs* occurred to me, as a possibly useful remedy for the annoying symptoms. I accordingly prepared the second centesimal trituration, from such of the crude drug as I was able to procure, and gave the patient a grain three times a day, beginning a week or so before the menstrual period, at which time she usually suffered most. The menses appeared *one day before the time* (probably a pathogenetic effect), *and attended*

by but *little* of the pressure in the femoral region. The medicine was prescribed but once a day during the next month, during which time the symptoms did not return, nor did they occur at the next menstrual period. Nearly ten years have now elapsed, and upon inquiry I am informed that no recurrence of those peculiar symptoms has been noticed. I think the symptoms abovementioned can be safely added to the pathogenesis of *Cubebs*, not only to the abdominal or intestinal symptoms, but to those which are concomitants of the menses. The appearance of the menses "one day too soon" may also be added. I will add, in conclusion, that I cannot find in the published pathogenesis any symptoms which can be referred to the femoral region.—(*Hahn. Monthly.*)

Characteristics of Drugs in relation to Skin Diseases.

By Dr. F. W. Payne.

I have concluded to give you some of the characteristics of drugs, in connection with diseases of the skin, as pointed out by Dr. A. R. Morgan, Professor of Institutes and Practice of Medicine in the Homœopathic Medical College of Pennsylvania, and frequently verified by him in his Clinics at this School, hoping and believing that this will prove more interesting and instructive than anything I could furnish from the records of my own individual practice.

Aconite.—Inflammatory symptoms, thirst, anxiety. *Tingling in the skin*, tossing about with impatience; *on rising up in bed, the red face becomes deadly pale.*

Alumina.—Itching tetters, miliary crop on arms and legs. Creeping sensation in skin. Eruptions smart or sleep. Dry in morning, moist at night; not relieved by scratching; worse at full or new moon—periodically. Aggravation, while sitting in a warm room; while urinating, and from eating potatoes. Amelioration, during moderate exercise in open air, on alternate days, and by cold water. The *patient never smiles.* The skin feels bound, as if the white of an egg had dried upon it.

Ant. crud.—Pustules yellowish or brownish; red, suppurating eruption upon face; burning, scurfy eruption, worse from washing and eating fat food. Eruption much like chicken-pox. Red

vesicles with white tips in the middle. Very sensitive to cold air. Inclined to keep quiet, not to move.

Ant. tart.—In ecthyma, the scab is surrounded by red areola, looks like smallpox, bleeds easily, falls off, leaving scar underneath of a brownish appearance; *very sleepy, drowsy, uneasy, fretful, don't want to be touched or looked at.* Thin pustules, which break and send out an ichorous pus, which corrodes the skin and spreads. Gnawing, itching eruption, worse at night. Vesicles have a red, itching areola. Pustules mixed with vesicles. Sleeps with eyes half open. Pustulous eruption, particularly on genital organs, crusts form on pustules, which, after falling off, leave red spots surrounded by brown elevated edges, filled with pus.

Apis mel.—Redness and swelling of skin; puffed up; itching, relieved by scratching. Eruption burning and stinging; aggravation by heat; relieved by cold water.

Arsenicum.— Dry burning heat all over the body; itching aggravated from scratching, from cold and from milk; worse after midnight, drives the patient out of bed, *can't keep quiet. Always better from heat.* Always busy; in a hurry. Pains felt during sleep. Red pustules changing into ichorous, crusty, *burning and spreading ulcers.* Vesicular eruptions, turning black, with *burning pain*, at night. Great sudden prostration, as soon as eruption comes out. Sensation as of subcutaneous ulceration. Face red and bloated, body emaciated. Thin brown streak running along the upper lip, at its junction with the lower one in fevers, nearly always indicates *Ars.* (Lippe.) Eruption slow in appearing, with burning heat. Pearl-like vesicles, burn at night. *Skin peels off, looking like fish scales.* Hairs within circumference of eruption fall off. *Burning carbuncles, with great desire for liquors.* Dr. Lippe says, this desire for liquors, in connection with burning carbuncles, should never be gratified without we wish to see our patient a corpse within twenty-four hours; it's nothing but suicide. Ulcers burning like fire, fetid, discharging but little pus, or coagulated blood.

Aurum.—Suitable for old people; feel better in open air, even in rain-storm. Itching unchanged by scratching. Old eruptions of syphilitic character. Hypochondriacal.

Bell.—Scarlet, diffused redness, burning and itching, restless, dilated pupils, jerking of the head, *worse from touch.* Humid eruption, with burning, shooting pains when touching it.

Baryta c.—Indicated in fat, phlegmatic old people; dwarfish children. Itching, burning and pricking, worse at night. Child does not want to play. Deficient memory. *Worse when lying on painful side. Better when walking in open air.* Indicated in hump-backed children. Great liability to take cold, which results in sore throat. Itching, gnawing about scalp and upper lip into nostrils, with a very red face.

Bovista.—Itching when body is warm, not relieved by scratching. Blunt instruments make deep impressions in the skin (as from holding pen between fingers.)

Borax.—Child feels frightened during a downward motion. Pustulous eruptions, worse in damp weather.

Bryonia.—Eruption slow to appear, or not well developed, or goes back before getting well out.

Calc. c.— Fat, pale, bloated, blue-eyed, scrofulous children. Eruption particularly on upper lip and cheeks; in whiskers of men. Upper lip swollen. Worse in open air, and from cold water. Patient feverish, *don't want* to sleep. Eruptions, with difficult dentition, moist and scabby in clusters, burning pain; head sweats at night.

Carbo veg.—Very fine, burning, vesicular eruption, worse from warmth of bed and *in the dark*, affects principally the genitals and perineum. Suppressed itch with burning all over the body. Pustules on or behind ears, confluent on face. Pustules yellowish. Honey-coloured crusts on skin.

Caust.—Melancholy, peevish, afraid to go to bed alone. Moist tetters. Tingling, itching eruption, scratching brings out the vesicles, which burn when scratched. Itching all over the body. Eruption, hard about the wrist and fingers. Coffee aggravates. Aversion to sweet things; fresh meat nauseates; smoked meat agrees; greasy taste in mouth; wants cold water. Tendency to eruptions and convulsions.

Conium.—Eruption moist and humid, becoming scabby, increased by scratching, pricking and shooting. Brought out by getting overheated. More suitable for old people. Aversion to company.

Cicuta virosa.—Eruption, burning and itching, better from scratching, forms heavy, honey-coloured, dry, yellowish crusts on scurf, especially on chin or about mouth. Suppurating eruption on scalp. Purulent eruption behind ears.

Croton tig.—Red and inflamed about base of eruption, running

together, forming a grey-brown crust, with stinging pains. Scabs fall off readily, but are replaced almost immediately (in one night). Bound, tight feeling of skin. After scratching, stinging, burning heat. Thick, heavy, yellow crusts, high up in nostrils. Stinging here and there, relief by *slight* scratching, not changed by hard scratching; on scrotum; worse after eating and drinking.

Clematis erect.—Moist eruption, inflamed and red. Large-sized vesicles burst and form ulcers, burning and itching when touched. Itching caused by washing skin in either warm or cold water. Eruption after suppressed gonorrhœa. Eruption moist, unchanged by scratching. Always agg. of skin symptoms from washing and heat of bed.

Creosote.—Humid eruption behind and on ears, with livid grey complexion. Scaly herpes on eyelids, cheeks and around mouth. Eruption on back of hands, called salt rheum; waking from sleep early in morning. Old salt rheum of years' standing, violent itching towards evening, itching at night; worst in open air, on moving; better from warmth.

Dulc.—Vesicular eruption on face, hands and feet, comes out in the cold air; always worse in cold weather; better from moving about in open (warm) air.

Graph.—Eruption on face, scalp, chin, and around mouth in females, with scanty menstruation. Eruption moist, easy suppuration. A corrosive serum runs from inflamed surface, burning when scratched; worse at night in warm room; better out of doors and when sweating. Soreness and rawness of skin, with sticky exudation. Perspiration on inflamed surfaces, standing out in drops, behind ears, bends of limbs, groins and neck. Every little hurt suppurates. Large vesicles, with nocturnal pains.

Hepar sul.—Eruption moist, sensitive to touch. Suitable for persons of light hair, with swelling of glands; worse at night and from cold air, better from warmth. After scratching, burning, itching. White vesicles. Cracks and fissures on ball of hands. The slightest cause irritates him, and makes him extremely vehement. The eruption is *very sensitive*, and *feels sore when touched*. Vesicles around ulcers. Cold, clammy perspiration, worse on head and face. After abuse of Merc. Fetid sweat on back of hands, wrists, etc.

Ignatia.—Perspiration only in face. The child wants to change its position every minute.

Kali bich.—Suitable for persons of light hair. Pustules mixed with vesicle; worse on scratching, from cold, in morning and *at noon*. Better from warmth. Large vesicles full of serum which becomes opaque, then large heavy scabs form. Scrofulous diathesis. Pustules accumulated about nails.

Kali carb.—Dryness of skin, deficient perspiration, cannot sweat. Burning, stinging, and itching of skin, painful as from subcutaneous ulceration. Eruption becomes moist from scratching it, mostly on abdomen and legs; worse from 2 to 3 A. M., when at rest, from becoming cold; better from warm bed, in warm air. Purple red chilblains.

Lachesis.—Eruption humid, painful; worse after sleep. Blisters filled with blackish fluid, inflamed around the edges; attacks return periodically (every fortnight or spring). Discouragement, distrust, easily affected to tears.

Ledum pal.—Dry vesicles burn when scratched, and in open air. Gnawing, itching like insects crawling under skin. Chronic and dry herpes on face and bends of knees; burn in open air; heat always aggravates.

Lyc.—Gnawing, itching eruption, from right to left; worse from warmth, and from 4 to 8 P. M.; better from cold. Gnawing, itching in daytime or before lying down, appears on head, behind ears, face, etc. Excoriating secretion. Itching eruption of face, with elevated crusts.

Merc. v.—Eruption dry; worse at night, in warm bed; better in morning; smarts and bleeds when scratched. Eruption moist, with large scales on the edges, burns after scratching. Eruption like moist itch on hands, with violent nightly itching, *no relief from perspiration*. Itching of whole body, particularly at night. Eruptions bleed easily. Dry stinging fetid eruption on head and temples, rawness of scalp, with falling off of hair, mostly on sides of head, with great tendency to perspire. Yellow scales on face, itching day and night. Fissures, cracks and ulcers in corners of mouth. Restless at night, continued moaning and groaning. Tettery excoriation in children, with soreness and rawness. Discouragement, distrust easily affected to tears. Phagedenic blisters, worse after 9 P. M. Eruptions about nose, face, and lips, bleed on being touched, worse at night.

Mezereum.—Eruption worse when scratched; itching; shifts its position when scratched, but leaves a burning pain; worse

from contact (better from contact, *Thuja*); better in open air; appears very often in children behind ears.

Natrum carb.—The eruption is in yellow rings, found on hands, fingers, elbows, and around the nails; better on motion, pressing and rubbing.

Natrum mur.—Many eruptions, accompanied by shooting pains; worse after exercise; worse from changing from cold to warm. The eruption is in bends of knees, or within vermilion border of lips.

Nitric acid.—Especially suitable for lean children, with dark complexion, black hair and eyes. Milk is not digested. When mother or child has been poisoned by *Merc.* Eruption mostly on thighs or genitals.

Nux vom.—Ulcers with very little discharge; painful eruptions; thirst predominates during cold stage; worse after dinner and in the sun's rays; also after eating; aggravation out-doors and when lying on right side.

Oxalic acid.—Itching begins, but is worse when thinking about it.

Oleander.—Gnawing, itching, burning when scratched; redness and excoriation behind ears.

Phosphorus.—Eruption oval and dry in slender persons; eruption bleeds easily and excessively when scratched; polypus bleeds much; old scars break open and bleed freely; vesicles about joints; measles and scarlet fever with ptyalism.

Petroleum.—Heavy scabs, which fall off, leaving a brownish yellow appearance of skin underneath; itching sensation in skin; tendency to ulceration; worse from a walk in open air; better from warmth and warm air; weakness; aversion to open air; don't like to move.

Psorinum.—Low-spirited, despairs of ever getting well; *intolerable itching from getting warm in bed; scratches himself till he bleeds. Chronic cutaneous diseases, with myriads of lice in the head.*

Pulsatilla.—Burning, prickling, itching; worse at night in a warm room; better from cold air and from lying on painful side.

Rhus tox. Vesicular eruption, burning and itching; makes its appearance mostly on parts covered with hair; worse from rest; better from scratching and moving about; restless, which does not permit one to sit or lie quiet; inclined to lie on belly. Vesicular eruption, which forms scabs, worse or only comes on each

autumn or winter, and disappears in spring; worse from exposure to cold.

Ruta.—The skin becomes easily chafed from walking and riding; in adults and children.

Secale corn.—Swelling of tongue; gangrenous, blood vesicles on it; black, gangrenous sloughs, with fetid pus.

Squilla.—Eruption sero-purulent, burning, itching; worse from motion; better from quiet; angry over trifles.

Sepia. Large pustules on hands, surrounded by inflamed base, between fingers and palms, suppurating and excoriating; very sensitive to touch. Brown tetter-like spots on the skin, chest and abdomen; itching on whole body, changing to burning when scratched; humid places in bends of limbs, particularly on elbow joints, dry, moist or scabby; better from warmth; excoriations of nipples; perspiration more *after* than during exercise. The eruption is often circular in form, like ring-worm.

Sulphur.—Itching all over; scratching succeeded by soreness; also on joints; skin cold and dry; *great aversion to being washed;* complaints on left side from abuse of *Merc.* or *China;* agg. on getting warm in bed; must get out to cool off. Children want to be moved often; will not remain in one place but for a short time. Suppressed old chronic eruptions; in all parts burning, itching, red, irregular spots; greenish hue of skin, or yellowish, with small, itching eruption, with red areola; dry, cold skin; has to put feet out of bed on account of heat; hot flushes; sensitive to wind; excoriation of different parts; ulcers, crusty, prickling, pulsating, offensive pus from them.

Silicea.—Herpetic erup. on genital organs, with intense itching and burning on prepuce and scrotum; eruption with crawling or shooting pains, found in whiskers and on lips; agg. from cold and from getting wet: better from warmth and wrapping up warm; rose-coloured blotches; shooting, itching over whole body.

Staph.—Moist eruption, worse from scratching, or the itching changes its locality; patient is restless, impatient; wants things, but throws them away violently; tingling as of insects crawling in skin.

Sulph. ac.—Eruption more moist than dry; symptoms come on gradually till they become very severe, then cease suddenly; red, itching spots on tibia; worse in A.M. and evening, and in open air; also when smelling coffee.

Selenium.—Great forgetfulness when awake, with distinct

recollection during half sleep; itching on and between fingers, wrists, palms, and ankles, with prolonged oozing after scratching; agg. in sun's rays and after sleep; better from warmth.

Thuja.—Eruption like variola; shooting in skin at night, mitigated by touch; itching pimples between eyebrows; suppurating eruption on knees; eruption after suppressed gonorrhœa; better after being slightly rubbed.

Viola Tric.—Often cures crusta lactea; odour from eruption like cat's urine; pustules and scabs on face; burning and itching at night.—(*Hahnemannian Monthly.*)

Hydrastis Can. in Uterine Disease.

By C. W. Boyce, M.D., Auburn, N. Y.

May 2nd, 1866.—Mrs. C—, a highly sensitive and nervous lady of twenty-five years, presented the following condition: She had been four years under medical treatment. For the first two years she had been attended by one of the oldest and best homœopathic physicians in this section, and for the last two years by a celebrated specialist, who put her through all the grades of caustic, *Iodine* and *Iron*. She was worse at the end of the four years than at the commencement. Whilst under homœopathic treatment, there was no examination of the internal genitals, but during the term of the specialist she underwent a speculum examination two or three times a week. She was said to have ulceration of the womb, of course, and all other ills woman is heir to. So far, she got no relief from medication of any kind.

At the commencement of her sickness she "spat" up her food by the mouthful, without nausea; at the same time she became despondent and gloomy, thinking she would die. Seeing a funeral, or even a hearse, made her sick.

At this time (May 2nd, 1866) she still spits up her food, and feels better when she does so. When she retains the food, without spitting it up, she has headache, palpitation of the heart, and nervousness, or restlessness; bad taste in the throat from the breath; mouth very dry in the morning, and tongue thickly coated—she could hardly get it moistened; sour risings from the stomach; great quantities of wind in the stomach, and it creates distress until it is discharged. After eating she must keep entirely quiet, or she becomes feverish and distressed. Pain in the

bowels three or four hours after eating, as though they wanted to move; pain and soreness over the liver. After dinner she is nervous and irritable; she can't bear to have her husband to speak to her. She gets so very nervous that to hear any one speak becomes unbearable, and the head snaps. When she shuts her eyes she sees sparks and light spots. Pain in the eyeballs and over the eyeballs; hurts to open the eyes. Cannot sleep until after midnight. The epigastric region is very tender to the touch, and she has sensations as of a tight band around her, worse at night than in the morning. The hands, feet and limbs are cold all the time, while the head is hot. Very costive; at first the fæces are dry and lumpy, but afterwards like white of egg. Very great straining to have the bowels move; she must strain a long time. Has nose-bleed before the menses come on. (When young nose-bleed took the place of the menses, often.) The menses are always attended, for the first two days, with great suffering, pain in the back and headache—also before the menses come on. Menses delay for a few days. Some leucorrhœa all the time, but profuse ten days after the menses cease. Leucorrhœa acrid—corroding the parts. When on the feet she feels as if "everything" would fall out from the genitals. Very tender about the vulva. In addition to what she calls "leucorrhœa," she has a discharge like white of egg, coming on immediately after the menses cease (lasting ten days, sometimes longer), profuse, debilitating. Dreadful backache in the small of the back; great pain in the back part of the legs: pain in the inside of the legs above the knees. Coition is very painful, yet she has almost constant desire, especially during the time she has "white of egg" discharge, which then certainly fulfils the condition known as "Furor uterinus." During this time she makes heavy drafts on her "other half," who begs for something to relieve the patient of this insatiable desire, yet, being a bountiful provider, he tries to provide for her every want. After coition she feels prostrated, and has distress in the stomach; commences at once to spit up the last meal, or has the taste of it in her mouth, and the result is she has this taste in her mouth all the time. The "white of egg" discharge winds up with red, bloody fluid. What she calls leucorrhœa, is of a white, milky appearance, and this is acrid and corrosive. As soon as the "white of egg" discharge ceases she becomes irritable and angry with every one, and cannot endure the idea of coition; any reference to it makes her angry. She

has constant desire to pass water, and when a little is passed she is relieved, and it seems to her that if she could pass a great quantity of water she would feel still better. In the morning this desire is less. Withal, there is, at times, a discharge of hot water from the womb, which is so profuse as to wet the bed and all her clothes.

A vaginal examination revealed prolapsus uteri, with congested and indurated os. Lifting the womb to its place, and holding it there, relieved all the symptoms at once, and she remained comfortable as long as she retained the recumbent position.

Various remedies were tried, with no relief. Indeed, I could expect none after a thorough two years' trial by one of our most able homœopathic physicians. In this condition, to gain time, a glass globe was inserted in the vagina, which held the womb in place. This allowed the patient to resume the superintendence of her household affairs, and gave her entire comfort, until the hard ball produced irritation of the womb sufficient to send her to bed again. During the interval she was free from all complaints, and ate and slept well. After nearly a year of comfort, she was again prostrated with all of her former sufferings. All her gloomy forebodings returned, and she was about to consult Dr. P—, of Syracuse, who has the reputation of treating all female complaints with great success.

No medicine that she had taken had given her the least relief, and I felt that medication would not help her, but as she urged me to try something new, I gave her (the only potency I had) a powder of the one-tenth trituration of *Hydrastis can.*, to be dissolved in a glass of water, and to be taken two spoonfuls every three hours; also a few drops of *Hydrastis*, to be put in a pint of soft water, and used as an injection three times a day.

At this time her gastric distress was at its height, and the "Furor" was almost unbearable. Her husband begged me to give her something for this latter symptom, as he could *stand* it no longer. In a few hours the gastric symptoms were relieved, and the erotic condition ceased, together with the "white of egg" discharge.

She has been free from distress for three months, and seems as quiet and correct as any one. She has passed her periods without suffering, and has gained flesh and strength.—*Medical Investigator.*

MISCELLANEOUS.

Bandages after Delivery.

By R. Tuthill Massy, M.D., Brighton.

There is a practical point to which I desire the attention of your readers relative to the bandage in Dr. Guernsey's *Principles of Obstetrics* which has been reviewed in a recent No. of the Journal, but which has escaped the criticisms of the reviewer. I refer to the management of the woman immediately after labour. The author writes at page 492—"No bandage should be applied."

Since this doctrine is so entirely opposite to the usual practice, it will be proper to state the reasons which have led to the adoption of this method: First. It will be evident, from a moment's consideration of the natural position of the fundus uteri, inclining forward so as to render the uterus itself nearly perpendicular to the plane of the superior strait, this must of course bring the uterus into a line with the axis of the superior strait; this position must evidently be more favorable to prolapsus, and it may even lead to retroversion. Secondly: The great object intended to be secured by the bandage is to promote the contraction of the parietes of the abdomen, both for the safety of the patient and for symmetry of her form. Now we believe that this is better accomplished by nature in her own way, uninterfered with by mechanical and compulsory appliances; but that such appliances actually weaken the wall of the abdomen, and so in reality tend to defeat the very object sought to be secured. Third: The omission of the bandage, and as we have found by much experience, by allowing free circulation in the adjacent parts and avoiding unnatural compression of the peritoneum and uterus, in many cases removes much of the danger from peritoneal inflammation, and greatly facilitates the speedy recovery of the patient.

If these three points are gained by not using a bandage it is a considerable advantage in hospital practice, and as my education

in the Rotundo Lying-in Hospital* has taught me views the very reverse I must now look forward for the opinions of those whose experience has led them to such conclusions. Professor Simpson, in his recent visit to Dublin, has pronounced that hospital the first in Europe. There is another work before me by Dr. Lutze of Coethen, dated August 10th, 1860, from which I shall make an extract.—"To the Accoucheur" (page 387). "In regard to the use of bandages, it is a great mistake to suppose that they are necessary, much less useful. By compressing the uterus they have given rise to uterine congestions and inflammations, and by compressing the bowels and abdominal organs generally, they interfere with the abdominal circulation. The skin of the abdomen generally recovers its normal elasticity in the first seven days."

We have now before us two opinions against bandages, and perhaps I may add a third, from Lady Duff Gordon's letters from the Cape, in which she tells us—"The Dutch feel as much emotion during the accouchment of the coloured girls as I feel when my cat kittens"—"they scramble through it as pussy does." From this we must logically infer that the Caffre women use no artificial support, and yet they are, in the same lady's opinion—'exquisitely proportioned with or without babies in their arms." In India the women are often confined on the side of the road during a march, as our gipsy women are in England, and never use a bandage and scarcely ever have any untoward symptoms. On the other hand the Malay women, in the Island of Java, use a bandage called the *goerita*, which tends much to their comfort.†

The question of an abdominal bandage has been discussed before

* Cow-milk *whey* is the usual drink given to the lying-in women.

† The goerita is put on while the patient reclines on her back. The bandage is drawn under the hips, and about four inches below the great trochanter, where the first division is seized, drawn firm and secured; the second and third fingers are equally well and securely fastened; the fourth and fifth and sixth are more securely drawn,—the fifth should come on a line with the hollow of the hip bone, and is therefore made the fixed point by having those ends, according to the inventor's directions, made "very tight," while the seventh and eighth are more moderately tightened.

The goerita is made comfortable twice a day: in the morning the doctor or nurse stands at one side of the bed or couch, while pinning the fingers from the opposite side over those on the near side. In the evening those offices are performed on the other side of the patient, thereby ensuring a harmony of action within the abdomen. It being brought so low under the hip bone prevents the bandage from slipping up.

the Obstetrical Society in London, and the majority were in favour of the bandage. Its use cannot be too carefully studied and applied. In case of twins the bandage, as a support, is advised after the first birth. In case of uterine hæmorrhage it is also essential.

A heavy handed accoucheur will often cause much pain and suffering. Labours progressed naturally when *men*-midwives were not in vogue, and we most heartily desire to see those ladies who are now taking degrees in medicine studying more the obstetrical art and confining their thoughts and hospital visits to their own sex, and those diseases peculiar to infancy, which will keep them in their own sphere of purity and utility.

Another observation on a line or two where Dr. Guernsey desires "the room to be kept darkly shaded" until the milk becomes well established. This advice may be desirable in sunny Philadelphia but is never required in the British Isles. We court the light for the observance of cleanliness and the air pure and fresh to refresh the blood in the lungs and brain, and these keep off puerperal fever.

Neuralgia: its Pathology and Treatment by Ice,

Formed the subject of an elaborate paper read by Dr. Chapman. Referring to the various pathological views of the disease which have been from time to time propounded, he said that, while each offers a plausible explanation of some one of its forms, each alike fails to account for the numerous and different symptoms observable in different cases; and that only that hypothesis which recognises and explains every phenomenon of the malady by the application of one general principle can be accounted worthy of general acceptance. He expressed the opinion that two misconceptions prevailing to a considerable extent have retarded the acquisition of correct views concerning the pathology of neuralgia. These he stated to be (first), that in a great majority of cases there are no symptoms appreciable by the observer at the seat of pain; and (second) that there is such a thing as functional without structural disorder, or what has been called "Non-organic or immaterial neuralgia." Proceeding to explain his own views, he observed, at the outset, that all pain is expressive of centric disease, varying from the slightest temporary disorder to the most

serious and irremediable morbid transformation, whether the pain has an obvious eccentric cause or not. Having enforced and illustrated this doctrine, he said that, according to his conception of the essential nature of the disease, every kind of neuralgia is represented by some one, or by a combination of two or more of the pathological conditions stated in the following synoptical form:—

Disease of Sensory Nerve-centres.

(1.) Without appreciable reflex action in any direction, the pain, which had no obvious cause, being referred to some peripheral point seemingly healthy.

(2.) Having an obvious eccentric cause, but associated with pain reflected to some point of the periphery remote from that cause.

(3.) With the reflex action through voluntary motor nerves, causing morbid phenomena of the voluntary muscular system.

(4.) With reflex action through the involuntary "negative-motor" (vaso-motor) nerves, causing spasms of blood-vessels and local anæmia.

(5.) With reflex action through the involuntary "positive motor" nerves, which effect nutrition and secretion, causing excessive activity of those processes.

The bulk of Dr. Chapman's paper consisted of an argumentative explanation, elucidated by reference to numerous and well established facts of the views formulated above. In the course of their exposition he accounted for the production of each symptom of the various forms of neuralgia. It is impossible within the compass of this necessarily brief report to give even an intelligible summary of his paper, which was itself so compact as scarcely to admit of an abstract rather than that presented in the above synopsis. Of some parts of it, however, which seemed to be especially interesting, we will endeavour to give a brief outline. We refer to his explanation of excessive secretion, of the phenomena of inflammation, and of deposit of bone in quantities morbidly excessive, which occur in certain neuralgic cases, and all of which are comprised in section 5, as given above. Dr. Chapman asserted, contrary to the commonly accepted doctrine, that all glandular action is originated by nervous force from the cerebro-spinal axis. He supported his position by reference to the experiments of Bernard and other neuro-physiologists, as well as to

his own observations. According to his theory, glands secrete excessively in neuralgic cases when exciting impressions are reflected on to them through what he calls the "positive motor" nerves which stimulate them to action, or when undue excitement at a sensory centre, however caused, is extended to those nerve-cells related to nerves presiding over secretion. He also maintained, in accordance with many physiological and pathological facts, as well as the opinions of Bernard, Brown-Séquard, and others, that all organic structures are innervated by cerebro-spinal nerves in a manner similar to that which he alleged to obtain in respect to glands; and that, consequently, in the same way as glands are influenced by two sets of nerves, the one stimulating them, the other determining the diameter of their blood-vessels, so that, as he said, "the ultimate organic elements of every part of the bodily structure are poised, as it were, between two nervous forces, the one cerebro-spinal, named by me, for the sake of distinction, *positive motor*, because the continuance of vitality and of vital actions depends on its exercise; the other sympathetic, which I have called *negative motor*, because in proportion to the vigour of its actions, the supply of blood to any particular organ is diminished." By means of this doctrine he explained the origin and continuance of local inflammation, which he said was an expression of morbidly intense activity of the "positive motor nerves" related to the inflamed structures, and causing their excessive nutrition. When nerves of this class distributed to osseous tissue are intensely excited, the result is, morbidly excessive development of that tissue within the area of irritation. Applying these views, he showed not only how an excessive outpouring from glands, the lachrymal for instance, but how neuritis with surrounding swelling or inflammation, and those diseases of joints which Sir Benjamin Brodie called hysterical, as well as that remarkable thickening of the skull observed after death in several cases of neuralgia, are the immediate results of the morbidly intense action of the nerves.

Throughout his paper Dr. Chapman insisted that in all cases of neuralgia, whatever may be the exciting cause of the disease, there is disorder of a nervous centre, either sympathetic, spinal, or cerebral, the disorder itself being of any grade of intensity—either so slight as to consist of a merely excessive afflux of blood, or so severe as to constitute what is ordinarily understood by the term organic disease.

Guided by these views, Dr. Chapman said that after removing any discoverable cause of neuralgia, the treatment of it should aim at correcting those morbid states of the nervous centres implicated, of which the disease is an expression. While commending the use of *quinine* and *arsenic*, which are known to exercise a specific influence in modifying the circulation of the blood in the nervous system, he was disposed to place his chief trust in the use of cold or heat applied along the spine, the success of which, he said, he had found "extremely encouraging, and, in some cases, truly astonishing." He concluded by describing his successful treatment of several cases by this method.—(*Med. Press and Circ.*)

Mechanical Purgatives.

In the *Medical Times and Gazette* of August 24th, 1867, we called the attention of our readers to the various classes of remedies for the relief of habitual constipation. These we made out to be fourfold—first, a better and more generous diet, which is the remedy for people who live too plainly; secondly, the saline substances, of which the common "*Epsom Salts*" is an example, and which for the purpose in question ought to be combined with tonics; thirdly, vegetable aperients; and especially aloes, on which we have lately treated at length; fourthly, mechanical irritants, under which head we introduce to our readers' notice some "New Wheaten Biscuits," the result of very many experiments made by a *savant*, on himself and friends, to find a remedy agreeable in itself and capable of stimulating the bowels to do their daily duty without the aid of drugs. These biscuits have been prepared *pro bono publico* by Messrs. Huntley and Palmer, of Reading, and the demand for them is so great that they have excited curiosity, and correspondents have asked for further particulars. The secret of them seems to be their perfect friability, and the direction that they shall be taken *at* the chief meals instead of so much bread: they thus provoke a better mastication of all the food, and their stimulating portions get mixed with the whole mass, and do not form lumps by themselves.

The first point in treating habitual constipation is to insure thorough use of the teeth. Nothing clogs the colon so much as

unmasticated food. Again, it seems essential for the success of of mechanical aperients that the stimulating particles should be well mixed with the food, and act uniformly on the general surface of the bowels; otherwise they are apt to collect into masses, which either worry one part of the bowels into a fit of spasm and colic, or else become coated with mucus, and form an additional mass of scybala. Moreover, for the same reason, the bowels ought to be cleared before beginning their use, for it is not fair to expect them to take proper effect in bowels already loaded. Moreover, we must repeat the caution, that patients with hæmorrhoids sometimes find the rectum intensely irritated by any undigested particles, as bran, the seeds of summer fruits, etc., and hence are debarred from the use of such substances till the hæmorrhoids have been got rid of.

First amongst mechanical aperients stand the cereal grains, wheat, barley, oats, rye, and maize in a coarsely ground state, as *meal* (not *flour*), and without separation of the husk. There is no doubt, however, but that the wheat, in this as in every other form, is the nicest of them all; and with regard to the bran, we may affirm that it would be better for the mass of the population if it were not separated from their diet so absolutely as it usually is. We are not acquainted with any convenient form of barley meal for human food.* Oatmeal is common enough, and to most Englishmen is dry, repulsive, and indigestible in the form of cakes. Indian corn meal used to be common enough in the London shops, though it has disappeared of late; but it can be easily made by grinding the corn in a coffee mill. If this meal be added in small quantity to the usual ingredients of a nursery pudding, it will be found to possess an agreeable flavour in itself, and to contribute irritating fragments of husk, of agreeable consistency for biting, and capable of gently acting on the bowels. Turkey figs and other fruits containing small seeds require to be perfectly masticated, else they do but add to the constipation. There are several medicines, as *Guaiacum powder*, *Cubebs*, and *confection of pepper*, which have a purgative virtue through their state of mechanical division; but one of the most promising of this class is the *reduced iron* taken with food. This is a valuable medicine for chlorotic patients, both as tonic and

* Were the writer to cross the Tweed he would find barley meal in common use as a food in various palatable forms.—[EDS.]

aperient; and it is in this latter respect a contrast to the *red oxide* or old *ferri carbonas*, which seems to aggavate constipation. (*Medical Times and Gazette.*)

Homœopathy and Therapeutics.

Medicine, as a profession, is exceedingly conservative in its views, and it is seldom that its members indulge in anything but the most nauseously fulsome remarks concerning its gigantic strides.

Medical men, as a rule, are never tired of blowing the trumpet in honour of the science and the talents of their order; and it is only at the bedside, it is only when we test our art in the crucible of actual experiment upon the plague-stricken mortals that we are summoned to attend, that we feel how blatant, how ridiculous, how impotent, is our vaunted skill, how ludicrous the accumulated wisdom of our greatest medical apostles.

The public judge us by "results," not by the "sciences" in our books.

They think justly that any science with which we stuff our medical brains is but a sorry mistress and a poor study that can give us no new means, no new thought, that can act as no new guide, as no finger-post towards the cure of our patients' diseases.

It cannot be denied that the science of therapeutics has hitherto been the most excruciatingly unfathomable.

To smell of drugs would perhaps be the greatest degradation an "eminent" physician could endure; and I have myself met with a learned pundit, who, as a teacher of materia medica at a medical school, boasted that he never troubled himself with the drugs, but got the porter to hand them round for the benefit of his class.

We groan, as a profession, about the inroads of quackery, and not a few orthodox practitioners could be found who would willingly vote for the immediate crucifixion of all homœopaths. We must, however, acknowledge that, much as we may sniff the air at the bare mention of homœopathy, we cannot deny that the homœopaths have acted as spurts to orthodoxy, and have assisted to turn the attention of the profession to the action of drugs upon the living body.

Their two dogmas may be utter twaddle, but the fact remains the same that, as a body of people, they have been most energetic in attempting to discover the action of medicines upon the human frame; and if they could only be induced to throw off the blinkers (viz., Similia similibus curantur, and the power of infinitesimals) that Hahnemann has placed upon them, one might have some hopes of their returning into the body of the profession instead of their remaining in the professional shade of sectarianism.

Homœopaths call themselves "reformers," and pride themselves upon their catholicity and tolerance. Yet I have actually seen in a recent work by an otherwise clever homœopath (Hughes's *Pharmacodynamics*) that owing to *Bromide of Potassium* not appearing to come within the two divine laws of Hahnemann, he could not bring himself to use it in the cure of epilepsy.*

It is amusing to find that "authority" acts upon sectarianism as well as upon orthodoxy, and that none of us in the medical profession seem to understand liberty of thought and opinion, untrammelled by the effete dogmas of a bygone age.

I am of opinion that medical men should imitate the bee. This useful insect draws its honey from many flowers; it does not stick to any particular botanical clique of plants, but sips the sweets from every flower.

Every honest general practitioner who wishes to benefit his patients, and who wishes to give the "*quid*" of sound advice for the financial "*quo*" of his client, should forget all "pathies," and seek from all systems any latent good.

A disciple of Inman, of Chambers, of Billing, and of Hughes Bennett, I look everywhere for new medical food, for new ideas, and new thoughts. If anything in the way of a practical wrinkle were to be gleaned for the cure of disease, or for the alleviation of human suffering, from an old apple-woman of Clare Market, I would not scruple to adopt it.

I would listen to a Zulu Kaffir, to a Red Indian, or to an itinerant quack, for I consider that medicine still stands on the threshold, and has by no means penetrated the "Asian Mystery," or stood in the holy of holies of Hygeia's temple.—(*Medical Mirror*, June, 1868.)

* The passage referred to is the following: "Your application of it to check epileptic fits, where the irritation starts from the generative organs, is a very pretty one, *and I should not hesitate to adopt it were I at a nonplus*, but it is not homœopathy."—(*Manual of Pharmacodynamics*, p. 151.)

The Proposed Therapeutical Society.—An Announcement.

To the Editors of the British Journal of Homœopathy.

GENTLEMEN,—Some months ago we invited the co-operation of considerably above one hundred homœopathists, and that of several of the more enlightened and progressive allopaths, to aid in forming a therapeutical society, having for its object the determination of the nature of some medicinal substances, and the rearrangement of others whose properties are better known.

The gentlemen of the dominant school, while admitting the necessity for extended research into the application of remedies, declined for various reasons to labour jointly with men of such dissimilar principles as those of the so-called homœopathic school. Of the homœopathic practitioners, fully a quarter returned no answer; a half were hostile or lukewarm; and of the remaining fourth, certainly not a dozen would or could have maintained continuous work. Under these circumstances, the proposition has been abandoned, and we consider it only courteous to those gentlemen who entered into the scheme with more or less cordiality to announce the abortive result of our proposal. We have, however, the satisfaction of recording that an effort has been made to elicit truth and to diminish strife; and of seeing, moreover, that an association named "The Clinical Society" has since been formed, whose labours, we trust, may bring about that issue which we had hoped might be produced by the union of earnest, though opposing creeds.

We have, gentlemen, the honour to be

Your obedient servants,

WILLIAM SHARP,
EDWARD PHILLIPS,
HENRY R. MADDEN,
VERNON BELL.

June, 1868.

A Short Contribution to the Question of Dose.

By HENRY BELCHER, M.D.

Some time since, I was consulted by a lady who suffered occasionally from severe paroxysms of spasmodic cough, and all the

symptoms pointing so directly to *Drosera*, I at once put her on the 3rd, which she most perseveringly tried for nine days without the smallest benefit. However, feeling so sure it was homœopathic to her symptoms, I ordered the 1st with the same results; I then changed it to the 12th, and in two days she came smiling into my study, loud in praise of the last medicine, from which she had received so much benefit, and expressed herself free from the distressing symptoms. I saw her occasionally for some weeks afterwards, and she continued entirely free from any return of the symptoms; but nine months afterwards I received a letter from her, informing me that she had had a most severe return of her old symptoms, and in consequence of the great benefit she experienced from the treatment before, she had sent my prescription to be dispensed, and taken the medicine without receiving any benefit, and fearing there might be some blame attached to the chemist in his preparations, she had obtained from her regular chemist the medicine and taken it with the same unhappy results, and her friends with whom she was staying being averse to homœopathy, she feared she would be reluctantly compelled to see the family physician. I wrote her immediately, requesting her to ascertain the dates on my prescriptions, and especially the one she resorted to in this instance, and found it was the 3rd dilution. I then requested her to get the last prescription dispensed (the 12th), which was attended with the same satisfactory results as in the former occasion.

In another case, in which all the symptoms pointed so directly to *Arsenic*, I put the patient on that remedy, and from the urgency of the symptoms, was induced to prescribe a low preparation, the 1st, without success. I then tried the 3rd, with the same unhappy results; I then tried the 12th, which answered admirably. I have latterly had a case of severe pain in the hip, and all the symptoms pointing so directly to *Colchicum*; in accordance with my usual custom in acute cases, I ordered him the 1st dilution without any results; I then tried the 6th, and was much delighted with its immediate effects.

I could refer to other instances in corroboration of the same superiority of the higher over the lower dilutions.

On the Treatment of Epilepsy by Strychnine.

By WALTER TYRRELL, M.R.C.S.

Irregularity in the performance of the uterine functions is one of the most frequent exciting causes of epilepsy. I now propose to bring forward a group of cases in which strychnine has proved effective. In some of these, in which the uterine derangement was slight, strychnine alone has been used; in others it has been combined with aloetics, &c. I may remark that in all these cases emmenagogues had been previously given without relieving the epileptic attacks—a fact which tends to prove an opinion expressed by me in my first paper—viz., that it is necessary to attack both the predisposing and exciting causes simultaneously.

The first case is that of Miss S. C—, æt. 18. Was seized with her first epileptic attack nine years ago upon going to bed; it came on without warning of any kind, and was of a violently convulsive character. She had suffered from scarlet fever twelve months previously. In the course of the next four years, or until she was thirteen years of age, she had in all seven attacks; but at this date there was a cessation of the fits for three years. At the age of sixteen the catamenia appeared, and continued with regularity for some months; they suddenly, however, ceased, and the epileptic attacks at once recommenced, the first occurring during a class at school; this was on February 8, 1865. In that month she had four fits, and sixty-one in the course of that year, the catameuia being suppressed for the greater part of that time, although various means were taken to re-establish them. During the next year, owing to the improvement in the regularity of the uterine functions, the attacks lessened in number, but during the first six months of 1867 again increased to a formidable extent. Their type also became more severe, and they were preceded by the peculiar shrill epileptic cry; biting of the tongue also commenced. After the convulsions had subsided she was often very wild and incoherent in her manner. The case first came under my care in September of last year, and I placed her at once under strychnine in doses of one tenth of a grain twice daily; this I afterwards carried up to one eighth of a grain. I also gave at first the *Pil. Assafœtidæ comp.* in five grain doses, but afterwards substituted the *Pil. Aloes c. Myrrha* in the same proportion. With this treatment I coupled

the use of cold affusion to the nape, early rising, and plenty of open-air exercise. During the first two months the progress made was small, as the attacks, although diminished both in number and severity, still continued. The general health, however, was decidedly better, the menstrual periods became more regular, and for the past four months she has not only been entirely free from fits, but her general health, appearance, and manner have improved to a remarkable extent. Part of the favorable result may here, perhaps, be attributed to the emmenagogues; but as they had been extensively used in three previous years without producing the desired effect, a large portion of the credit may, I think, be fairly given to the strychnine. This will also be borne out by the two following cases, in which epilepsy arising from irregular menstruation was successfully treated by *Strychnine* alone.

A. C—, æt. 18, a girl of dull complexion and low nervous temperament, has suffered from epileptic attacks from eight years of age, but much more severely since the appearance of the catamenia, which have been irregular. During the past two years the attacks have recurred every four or five days, and oftener at the menstrual period. They are violently convulsive, but are not preceded by any aura or other warning. Her memory is much impaired, and she suffers from almost continual headache. I here commenced with one twelfth of a grain of *Strychnine*, and it was only necessary to increase it to one tenth, as the good effects were at once perceptible in an improved state of health, regularity of the uterine functions, and an entire cessation of the fits; in fact, only two, and those at intervals of fourteen days, have occurred since she first commenced the medicine, and she has now been perfectly free for five months. In this case also, cold bathing, walking exercise, and early rising were made adjuncts to the treatment. Both in this and the following case the reason of the rapid success of a comparatively small dose is that the predisposing cause of the attacks was but slight, and that consequently an increase of nervous power being supplied to the medulla oblongata enabled it not only to restrain the irregular discharge of nervous power, but also to restore the healthy functions of the uterus.

A. B—, æt. 23, a dull phlegmatic-looking girl, with low retreating forehead, has been the subject of epileptic attacks for eight years, but latterly they have become much more severe in all their characteristics. The catamenia have never been regular. In this case I commenced with one tenth of a grain of *Strychnine*, which dose she

continued to take for nearly two months, when it was increased to one eighth. Under this (in combination with cold affusion and out-door exercise) her health rapidly improved, and the attacks to which she was subject about every ten days, decreased both in number and severity. She has now been entirely free from attack for more than four months, and has discontinued the medicine for nearly half of that time.

I have now been watching the effects of *Strychnine* upon various forms of epilepsy since 1861, and I have no hesitation in affirming that in a large majority of cases its effect is most beneficial; at the same time I would not be at all understood to vaunt it as specific, *per se*, in all cases. I think that its value lies in the effect it has in deadening that condition of "exalted sensibility" and activity of the medulla oblongata which Van der Kolk (and, I imagine, most recent authors) considers to be the predisposing cause of the disease. That this is the effect of strychnine is, I think, proved by cases narrated in my former papers,* but especially by the case which I mentioned in my last paper, a few points of which I will recapitulate, as it affords a capital illustration of my meaning:—A gentleman, aged forty, had suffered for sixteen years from violently convulsive epilepsy. The attacks varied from fifty to sixty in the month, and occurred chiefly at night. His mental faculties were little if at all impaired, and his general health perfectly good. No exciting cause could be discovered, and he had used every variety of means without benefit. The only fact which had any bearing on the case was that previous to the commencement of the attacks he had been subject to frequent and severe epistaxis, on the stoppage of which the attacks apparently came on. Now, here was a case which would undoubtedly belong to that group which Dr. Reynolds, in his valuable work on epilepsy, has classed as most intractable and least amenable to treatment. Yet from the first day of this patient's commencing *Strychnine* the attacks diminished, both in number and severity, in the most remarkable manner, so that in the first month of treatment the attacks were only eleven in number against fifty-one in the previous month, and this without any increase of severity. Nor has this result been merely a temporary one, but the patient, who is still under treatment, has gone on progressing, and I heard from him a few days since to say that he had had an interval of eleven days without any attack. I single out

* Published in the *Med. Times and Gazette*, May 18th and August 24th, 1867.

this case, as it was one of unusual severity, was due to no special exciting cause, and belonged to a class of cases which are generally admitted to be very intractable, yet it yielded at once to the plan of treatment I mention. This might be called a case of pure epilepsy, for the disease was due to no exciting cause, and this would probably account for the *Strychnine* alone being sufficient to produce such favorable results. In most cases, where various exciting causes are at work, keeping up the sensibility of the medulla oblongata, it is necessary to remove them at the same time that we are restoring the healthy condition of the nervous centre by strychnine. The stomach, uterus, pharynx, kidney—in fact, almost any organ—may be the seat of these exciting causes, and I think that the treatment of epilepsy the grouping of the cases according to the nature and locality of their exciting causes offers the best prospect of success. Thus, I would in all cases give *Strychnine* to remedy the predisposing cause, and at the same time endeavour to discover and treat the exciting cause or causes. In a large class of cases the exciting causes of irritation will be found to lie in the gastric branches of the pneumogastric nerve, and it is in these cases that nitrate of silver, sulphate of zinc and copper are so useful, and they act, I believe, by deadening the sensibility of the nerves of that part. In irritation proceeding from the uterus and sexual organs the *Bromide of Potassium* is very useful, coupled often with *Aloes* and emmenagogues. In many cases where I have found the disease coupled with irregular pulse and signs of cardiac derangement, I have found *Digitalis* act well. With regard to diet, I find that almost all cases of epilepsy bear a liberal diet, with a fair amount of stimulant, and I have often seen marked improvement follow a change from a spare to a full diet; of course attention must always be paid to the prevention of anything like a heavy meal, more especially in those cases in which gastric irritation would appear to be the exciting cause. I have, since writing my last paper, seen several cases of *petit mal* in children, and in all of which I have found *Strychnine* successful; and I may here mention that I think some distinction may be drawn between these attacks when they occur prior to puberty, and when they are present in adults. I think that in childhood they are less destructive in their effects upon the mind, and they certainly yield much more readily to treatment.

J. K—, 11, a not unhealthy-looking boy, who has been subject for five years to attacks of *petit mal*, with occasional severe fits of con-

vulsive epilepsy, the latter having usually come on after an excess in eating, though twice they have occurred at night. He had convulsions in infancy. In the slighter attacks he would lose himself for a few moments, would stop talking, or would talk incoherently in the middle of some sentence, would occasionally turn his head over the right shoulder, and in some cases his countenance would become livid. His memory was not affected, and he was very fond of poetry and of books generally. I commenced to treat him in July last, enjoining great care in diet, that it should be liberal, plain, but never in great quantity at once. I gave him one sixteenth of a grain of *Strychnine* in solution twice daily; the attacks yielded almost at once, and he has now been perfectly well for nearly six months. The attacks of *petit mal* were here very frequent; sometimes as many as three or four would occur in one day.

The above cases are merely selections from a number, and are chosen as presenting features very commonly met with—a plan which consider more likely to be useful than the narration of cases which present symptoms but rarely met with. I may say that, in all the cases in which I have used *Strychnine*, I can find but three cases in which it has not produced any favorable result; and, on the other hand, I have seen no case in which it has produced an unfavorable effect. With regard to the doses, in severe cases I am in favour of giving a medium quantity for a lengthened period, rather than carrying the dose very high at first. In one case, narrated in a previous paper, the dose taken reached as high as one fifth of a grain twice daily, and this was continued for some three weeks without any bad effects being perceptible. But I find that quite as good results are obtained by a long continuance of a medium quantity, say from one tenth to one eighth of a grain, the system appearing to regain its nervous strength under the continued use of the medicine.—*Medical Times and Gazette.*

Characteristic Cough Symptoms of some of the New Remedies.

By E. M. Hale, M.D.

In order to enable the practitioner to readily compare the cough symptoms of some of the new with those of the old remedies, the following characteristics are presented:

Æsculus hippo.—*Dry* cough, with hoarseness; aggravated by

speaking, swallowing, or breathing deeply—(In patients subject to hæmorrhoids).

Apocynum cann.—Cough, short, but with scanty expectoration of white mucus; *with* oppression of the chest, disposition to sigh —(In dropsical, or asthmatic patients.)

Arum tri.—*Moist* cough, with excoriating feeling in the fauces and larynx; *with* an acrid excoriating discharge from the nose—(In patients with scarlet fever, or influenza.)

Asclepias syr.—*Loose* cough, with expectoration of white mucus; burning and tickling in the fauces—(In catarrhal affections.)

Asclepias tuberosa.—(1.) Dry, harsh, spasmodic cough, causing pain in the head (*Bry.*) and abdomen, with stitches in the (left) lung, and soreness in the intercostal spaces. (2.) Dry, hacking cough, *with* sharp pain in the region af the heart, and palpitation. (3.) *Loose* cough, with profuse, tenacious expectoration oppression of the chest, pleuritic stitches; fever, with hot, moist skin—(In pleurisy, bronchitis, or pericarditis.)

Baptisia.—*Hoarse* cough, with tickling in the throat; the throat feels sore, swollen, but not very sore—(In typhoid fever and diphtheria.)

Cactus.—(1.) *Dry* cough, from itching in the larynx. (2.) *Spasmodic* cough, with copious, viscid expectoration, or thick, yellow, of the consistence of boiled starch—(In bronchitis, or cardiac affections.) (3.) Cough, with profuse hæmorrhage from the lungs.

Cimicifuga.—*Dry* cough; worse at night, caused by a tickling in the larynx, *with* sensation of fulness in the larynx; aggravated by speaking, or coming in out of the cold; sometimes with hoarseness, or stitches in the chest—(In nervous women, and those who suffer from uterine disorders; also, in patients with pleurodynia or rheumatism.)

Cistus.—Cough, with painful tearing in the throat, with stitches in the throat; a sensation as if the windpipe had not space enough —(In scrofulous persons, with enlargement of the glands of the neck.)

Collinsonia.—Hacking cough, with expectoration of dark coagulated blood, enveloped in viscid mucus—(In incipient phthisis, or cardiac diseases.)

Eryngium.—Cough, with expectoration of thick yellow mucus; with smarting rawness in the larynx; sensation as of a lump in

the throat; inability to bear the clothing around the throat. (*Lach.*, *Hep.*, *Sulph.*)—(In croup and laryngitis.)

Eupat. arom.—Cough, from aphthæ on the fauces: or spasmodic cough, in nervous women and children.

Eupat. perf.—Nocturnal loose cough; hoarse, rough cough, with scraping in the bronchia, and soreness in the chest; he has to support the chest with his hands; also, cough, with asthmatic breathing (during asthma.)

Gelseminum.—Cough during catarrhal *fevers*, hoarse, or metallic-like croupy cough; cough, from tickling and dry roughness of the fauces, with burning under the sternum, and soreness in the chest.

Gymnocladus.—Cough from tickling in the throat, or smarting in the larynx, *beginning in the morning, and increasing until night*, and in the evening it was hard, dry, and racking.

Hamamelis.—Cough from a varicose condition of the throat. (On examination shows fulness and enlargement of the superficial veins.) Constant inclination to a hacking cough.

Hedeoma.—Cough accompanied by "globus hystericus"—(In women who suffer from uterine congestion, ovarian irritation, and urinary disturbances).

Hepatica.—Cough from a tickling, itching, and scraping sensation in the fauces; aggravated by speaking, eating, or inhaling dust; with expectoration of thick, creamy, yellowish, and sweet matter.

Hydrastis.—Rough, hacking cough, with scraping sensation in larynx (fever in evening, *debility*), and stringy, tenacious expectoration.

Iris.—Short, dry cough, from a tickling in the larynx (pain in the left side; rawness of the fauces.)

Jugulans.—Cough, with rattling in the bronchia, but *no* expectoration, or scanty and tenacious—(In old people or children, after eruptive diseases.)

Lachnanthes.—Cough at morning and evening; at night, from great *dryness* in the throat, on waking.

Lobelia.—(1.) Cough in asthma, violent, racking, in paroxysms of long continuance, followed by profuse expectoration of ropy mucus, which sticks to the pharynx. (2.) Short, hacking cough, from excessive tickling in the larynx, or as if a foreign body impeded breathing or swallowing.

Lycopus.—Cough, with very quick and irregular action of the heart; nervousness.

Myrica.—Cough, very much aggravated by talking. Tickling cough at night, on lying down. Cough, with profuse expectoration.

Phytolacca.—Cough during the attacks of *diphtheria;* or cough as from an *ulcerated spot* in the throat; or from *dryness* in the pharynx or trachæa. Cough hard, rough, and dry.

Podophyllum.—Cough in remittent (bilious) fever, dry, or loose, and hacking. Cough, with soreness and fulness in the region of the liver.

Rhus glabrum.—Cough, with ulcers in the mouth and throat; night sweats: expectoration of clots of blood from the throat; diarrhœa, and debility.

Rumex crispus.—Laryngeal and bronchial cough, with tickling and itching behind the sternum, with pain in the head; hoarseness and dryness constant, from *excessive sensibility of the larynx and trachæa*, with rawness and soreness in the chest; aggravated by the slightest motion, cool air, etc. (Compare with *Bell., Lach., Phos., Caust.*)

Sanguinaria.—(1.) Dry cough, after *lying down.* (2.) Cough with sensation of swelling in the larynx, dryness of the throat, and expectoration of thick mucus. (3.) Severe cough, no expectoration, pain in the chest, and circumscribed redness of the cheeks, difficulty of breathing—(In incipient phthisis, or in the second stage of pneumonia.)

Senecio.—Cough from bronchial catarrh, or from suppressed menstruation from a cold. Cough, with rattling in the bronchia; with hæmorrhage from the lungs. Cough at the critical age; with irregular menses.

Sticta.—Coughs in influenza; dry, hacking, commencing in the evening, and continuing all night, preventing sleep. Cough, with excessive dryness of the nasal and respiratory mucous surfaces; worse in evening from 3 to 12.

Urtica.—Cough from retrocession of nettlerash.

Verat. viride.—(1.) Cough with high fever; oppression of the chest, scanty, bloody expectoration, etc. (In the first stage of pneumonia.) (2.) Spasmodic cough, from spinal congestion, or cerebral irritation with spasms.

Zizia.—Dry cough, with stitches in the chest, a bruised feeling in the muscles of the chest, dyspnœa; worse in the evening and night.—(*Med. Investigator.*)

Treatment of Piles. By Dr. Mulvany.

For the external pile the grease which runs from the hot bearings and eccentrics in the engine-room of a steamer when under steam will be found an unfailing remedy. Chemically considered, it is rather complex in composition, and may be presumed to be a combination of the fatty acids and oil, used as lubricating materials, with the oxides of the more oxidisable metals exposed to friction. By the bearings are meant the fixtures in which the shaft works. They are made of brass and lined, to a certain extent, with a patent metal, composed of copper, tin, and antimony, or of zinc, lead, antimony, and platinum. The shaft is formed of wrought iron, and the brass is composed of copper, zinc, and tin. The bulk, however, of the metals oxidised, judging from a rough analysis I made, is formed of the copper and lead. There was hardly a trace of zinc, and none at all of the others found in a drachm of the ointment.

As the liquified grease drips from the bearings, it is caught in a "save-all," and on cooling is fit for use. It should be mixed with one eighth its bulk of lard. It then forms an ointment of a pale blue colour, the efficacy of which is so well known to the stokers that they treat, *sub rosa*, nearly all the cases of piles that occur on board ship. A chief stoker of my acquaintance told me he had treated successfully over fifty patients. He used it indiscriminately for all kinds of piles. From my own experience, I can only vouch for its utility in cases of the external or intermediate varieties; but lately I treated a stoker with it whose anus was festooned with mariscæ, without putting him on the list or getting him excused from duty. He was rid of his garnitures in about a fortnight. It proved equally efficacious in the case of a jockey from the United States, who suffered from the internal, fleshy, and external piles during a number of years, and who had to resign his occupation in consequence. It is needless to say this man had numberless remedies recommended, but *cui bono?* His occupation was gone, and could not be pursued until the ointment gave their *congé* to his unwelcome guests.

For the varieties of internal hæmorrhoids, which come under the third heading, the *Castor Oil* and *Belladonna*, administered by the mouth, and the ointment applied locally, will usually suffice. How the ointment acts I can only conjecture, but can recommend

it with confidence as safe, efficacious, and productive of but very little pain. It will, I think, be generally found that if nature dispenses afflictions to the human race with her left hand, she showers their panacea on us with her right; and if she sends sickness and disease in our midst, she also places their remedies within our reach, and leaves us to find them. To the Bolivians, for their various calenturas, she has given the Calisaya. If the bothriocephali find a commodious habitat in the dura ilia of the vassals of Theodorous, or perhaps in those of his sable majesty himself, has not nature drawn up a process of ejectment in the flowers of the Brayera Anthelmintica, which will not endanger the life of a bailiff to serve?

Do not the natives of the West Coast of Africa, when suffering from dysentery, find its specific in the fruit of the banana, prepared *secundum artem*, and found growing in the greatest profusion? could she be less bountiful to stokers? No; if she permits the heat of the stokehold to festoon the anus of the stoker, she also prepares in an impromptu laboratory, in which the shaft and bearings, converted into a pestle and mortar, rub up the lubricating materials, and by means of heat, friction, and the atmosphere, produce an unguent calculated to remove his questionable decorations—one which, to use the language of an enthusiastic stoker whom it recently quit of such appendages, "is worth its weight in gold!"—(*Medical Press.*)

"*Arsenical Rashes.*"

(*To the Editor of the Medical Times and Gazette.*)

SIR,—I was glad to see the letter of Dr. Macnab in your last week's issue.* He is perfectly correct in his description of the eruption produced by *Arsenic*. The similarity in the acute form of eruption to measles is undoubted. It is quite unnecessary for the appearance of the rash that the metal be exhibited for any length of time. Some patients are so peculiarly susceptible to its action that a very few doses will suffice to produce the kind of attack described by Dr. Macnab. I do not pin my faith so strongly to the use of *Arsenic*, and therefore do not give it to so

* See p. 343 *Brit. Journ. of Hom.*

great an extent as is the fashion, but I have recently seen a goodly number of instances of arsenical eruption accompanied by catarrhal symptoms, constituting together a disease like measles. The eruption consequent upon the long-continued action of *Arsenic* is a different affair.

I am, &c.,
TILBURY FOX.

BOOKS RECEIVED.

Nervous Diseases, by Dr. MADDEN.
United States Medical and Surgical Journal.
The American Homœopathist.
The Hahnemannian Monthly.
The American Homœopathic Observer.
The Chicago Medical Investigator.
The North American Journal of Homœopathy.
The Western Homœopathic Observer.
Neue Zeitschrift für Hom. Klinik.
L'Art Médical.
Bulletin de la Société Homœopathique de France.
El Criterio Medico.
La Reforma Medica.
The Calcutta Journal of Medicine.

To Correspondents.

WE beg to thank Dr. Hering for his letter and the copies of the *New York Weekly Tribune* containing his very interesting lectures on Hausmann's 'Causes and Conditions of Disease.'

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OF

HOMŒOPATHY.

ON THE VARIOUS FORMS OF PARALYSIS AND THEIR TREATMENT.

By Richard Hughes, L.R.C.P. Ed. (Exam.).

I have two main objects in writing the following paper. The first is to call attention to certain varieties of paralysis which have only lately been recognised, and the knowledge about which has not yet become part of the common stock. The second is to consider those of our medicines which have caused and cured paralysis, and to endeavour to allot to each its true place in relation to the several forms of the disease. As a preliminary to the latter investigation, however, it will be necessary briefly to survey the whole subject, and to get a connected view of the chief causes and conditions under which paralysis may occur.

I think the most practical arrangement of my subject-matter to be as follows. First, to take up those lesions of the nervous centres which have paralysis for one of their symptoms. Next, to pass in review those classes of cases in which paralysis comes before us as the one disease to be treated, and where the relation to central lesions is more or less problematical or indeterminate. Lastly, upon the bases

thus afforded, to endeavour to precisionize the application of our anti-paralytic remedies.

I. There are few injuries or diseases of the Spine which have not paralysis among their symptoms. Its character and accompaniments will of course depend upon the nature of the lesion, the region of the cord affected, and the divisions of it involved. Let us see how it stands with spinal congestion, inflammation, softening, induration, hæmorrhage, and tumours; and with injuries and distortions of the spinal column.

There is an able and original article on *congestion of the spinal cord* by Dr. Radcliffe in the second volume of Russell Reynolds' *System of Medicine*. The paralysis is never quite complete; always paraplegic—*i. e.* involving both sides of the body—sooner or later; and more frequently affecting the legs than the arms. There is no anæsthesia, but rather the reverse: the reflex excitability of the cord is, however, normal or even diminished, probably through lack of responsive energy on the part of its motor portion. The spine is not tender on pressure, but suffers from a dull burning aching, increased by the application of warmth. There is no fever; no increase, but rather relief of pain on movement; no loss of power on the part of the sphincters or tendency to bed-sores. When a paralysis so characterised has come on rapidly, and is traceable to exposure to cold or to menstrual or hæmorrhoidal suppression, it may with little hesitation be set down as dependent on congestion of the cord. A favorable prognosis may be given in most cases, but the recovery may be expected to be attended with more than one relapse.

There is a considerable difference in the symptoms when the hyperæmia has gone on to *inflammation of the cord.* I do not speak of spinal meningitis, for here there is no true paralysis,* but only an instinctive rigidity of the muscles on any attempt at movement, on account of the pain thereby occasioned. But in myelitis there is nearly always complete paralysis of the lower extremities. The common "para-

* Unless, which is not common, effusion to any extent takes place, when the phenomena of pressure of course result.

plegia" of our text-books, indeed, is nearly always an example of the chronic form of this disease. The loss of power is often ushered in by great restlessness: and the anæsthesia which usually accompanies it is preceded or mingled with various dysæsthesiæ, as formication, numb tingling or stinging, and such like. There is rarely pain or spasm, and no spinal tenderness; generally, however, a feeling of burning is produced in the inflamed part when a hot sponge or a piece of ice is passed down the spine. But the graver symptoms absent in congestion are present here. The control over the bladder and rectum is more or less impaired; there is a tendency to cystitis and alkalinity of the urine: and bed-sores are readily formed. The reflex excitability of the lower limbs is annihilated when the disease is in the lumbar portion of the cord;* and with it diminish the electro-sensibility and electro-contractility of the paralysed muscles. These latter waste rapidly, and are generally lax. Dyspnœa and a feeling of tightness round the waist and elsewhere are also commonly present.

Of course in those rarer cases where the inflammation affects a limited portion of the cervical or dorsal regions of the cord the symptoms will be modified accordingly. Thus Dr. Meryon (*On Paralysis*, p. 32) cites cases from Ollivier in which the disease affected only the brachial enlargement. Here the symptoms—dysæsthesia, paralysis, annihilation of reflex excitability—usually met with in the legs are seen in the arms; while the lower extremities are either normal, or —when the entire thickness of the cord is involved—simply

* The principles upon which reflex excitability is increased or diminished in relation to diseases of the cord are these. The incident nerve-fibres run for a little distance upwards and downwards along the posterior columns, and then dip into the grey matter to end in its cells, from which the efferent fibres arise. Hence local disease of either posterior columns or grey matter will abolish more or less completely reflex action in the parts whose nerves emerge from that segment of the cord. But should this segment be high up, say in the dorsal region, the legs, receiving their nerves from below this point, will not only suffer no impairment of reflex excitability, but will even manifest it in increased amount, owing to the cutting off of the controlling influence of the brain. As Watson says, "the automatic power is apt to run riot, as it were, when the controlling influence of the sensorium is withdrawn."

paralysed. There are instances, moreover, in which one lateral half of the cord only is affected, and where accordingly there is paralysis of the same side, and anæsthesia of the opposite. But these cases have a physiological rather than a practical interest.

Softening and *induration* of the cord are most commonly results of myelitis. There is, however, a non-inflammatory form of softening here, as in the brain: and a primary induration, generally associated with atrophy. The paralysis, like the other symptoms of the two, is said to be indistinguishable: it is just a progressive weakness, attended with impaired sensibility and diminished temperature. I have no knowledge of the existence here of those contractions of the paralysed limbs which characterise cerebral ramollissement.

Spinal hæmorrhage, if the effusion be into the substance of the cord, produces an equally simple paralysis and anæsthesia in the parts below its seat. If it be in the midst of, or external to, the meninges, irritation is mingled with the paralysis, and even supersedes it. In either case the sudden accession of the symptoms, with the no less sudden supervention of acute pain at some point in the spine, will indicate the nature of the lesion.

Tumours—as cancer and tubercle—within the vertebral canal, and *dislocation* and *fractures* of the vertebræ, cause a similar local compression, with more or less paralysis and anæsthesia of the parts below. Paralyses thus caused have little therapeutic interest, as they are of course incurable. But injury to the spinal column may result simply in *concussion of the cord*, when the loss of power and sensation may admit of recovery. The absence of hæmorrhagic complication—as shown by freedom from much pain or spasm—is an important element in the prognosis here. The indications for treatment are of course those of concussion of the brain,—to mitigate primary shock, and prevent reactive inflammation.

The last of these spinal affections of which I shall speak is the *angular projection of the spine*, from caries of the vertebræ. Of the paralysis here present I have spoken at some length in a paper on the disease in the twenty-third volume

of this Journal. It does not arise from pressure upon the cord or its issuing nerves through narrowing of the calibre of the vertebral canal or foramina: but from inflammation of the membranes and substance of the cord propagated from the diseased vertebræ. Hence the weakened limbs are usually rigid and contracted. The anterior columns of the cord, being in closest proximity to the disease, suffer most: so that voluntary motion is greatly impaired, while sensibility and reflex excitability are, as a rule, undiminished.

I come now to those affections of the Brain which have paralysis among their symptoms. It is of much less frequent occurrence here than in disease affecting the spine. For indeed the great mass of the intra-cranial nervous substance has little to do with voluntary motion: and disease of the cerebral hemispheres or of the cerebellum is only occasionally and (so to speak) accidentally associated with paralysis. On the other hand no lesion of any portion of the motor tract proper, whatever be its nature, but causes paralysis. By the "motor tract" I mean of course the corpora striata and optic thalami, the crura cerebri, the pons varolii, and the anterior pyramids of the medulla oblongata. In any of these parts abscess, hæmorrhage, or softening, or adventitious growths of any kind, will cause loss of power in the organs or limbs supplied therefrom or below it. Since the lesion is generally unilateral, the form of the paralysis will be hemiplegic, and this, because of the decussation of the motor conductors, will occur on the opposite side of the body.

These are the general principles of cerebral as distinct from spinal paralysis. Let us now see how it is characterised in hæmorrhages, softenings, and morbid growths within the cranium.

The typical form of paralysis from *cerebral hæmorrhage* is that which occurs when the effusion is into the corpus striatum or optic thalamus. Hemiplegia, coming on suddenly or at least rapidly; involving the face, tongue, arm, and leg of the same side, but not the neck or trunk,—this is what we find in such cases. The paralysis has been first discovered by the patient on awaking in the morning; or

it has had for its starting-point a "fit," *i. e.*, a temporary suspension of consciousness, with or without convulsive movements. Sensation is not often lost, and speedily returns. The paralysis, too, shows early signs of improvement; and in the majority of cases power returns, first in the leg, and later in the arm. The muscles are usually quite relaxed at first. A few days after the seizure, they may be found rigid, and very sensitive to galvanic stimulation: and then concurrent symptoms will point to the supervention of inflammation of the brain-substance around the clot. If this subside, as it usually does, the limbs will become flaccid again, and unresponsive to stimuli. And if so much damage has been done to the brain that the hemiplegia is going to be permanent, there will come on after some months the "late rigidity" of the muscles, which is supposed to imply cicatrization of the nerve-substance.

These are the main facts about paralysis from the ordinary form of cerebral hæmorrhage. Differences will occur if the effusion be elsewhere in the motor tract. If it be in the crus cerebri, the origin of the third nerve will probably be involved, and some of the muscles at the eyeball of the side opposite the paralysis of the face will be affected. Hæmorrhage into the pons will sometimes cause paralysis of all four limbs, and of both sides of the face: sometimes alternate hemiplegia, *i. e.*, the limbs being affected on one side and the face on the other. The medulla oblongata is very rarely the sole seat of effusion. Paralysis of the tongue, of one vocal cord, difficulty of swallowing, and deafness, are said by Dr. Hughlings Jackson to indicate damage to this part of the nervous system.

Let us now turn to paralysis from *softening of the brain*. The history tells sometimes of a sudden beginning, but always of a gradual though remittent advance. "The paralysis," writes Dr. Russell Reynolds, "is usually not absolute; it is more marked in the upper than in the lower extremity; it is seen to its highest degree in the fingers or toes, to its lowest degree in the shoulder or hip, and with intermediate severity in the forearm and leg. There is commonly some spasmodic contraction of the muscles which

are paralysed, and this may take the form of either tonic rigidity, or of occasional clonic or even choreic movements. Hemiplegia is the most common distribution; but there may be general paralysis, incomplete in degree."

The remaining characters and concomitants of paralysis from softening of the brain will come out in a comparison between it and paralysis from cerebral hæmorrhage, to which I now invite attention.

a. The *age* and *bodily condition* of the patient are important elements in the diagnosis. If he be over forty, the probabilities are in favour of hæmorrhage, especially if he have granular kidneys, hypertrophied heart, rigid arteries, and arcus senilis. Hæmorrhage is rare in younger subjects, except from injury, or aneurism of the cerebral vessels. There is reason to believe this latter condition to be more common than is usually supposed. I think that a throbbing headache frequently recurring at a fixed spot should, if the patient subsequently be seized with hemiplegia, lead to a diagnosis in this direction. Idiopathic softening is most frequent in middle age, as a part of premature decay from depressing causes, especially over-work and under-rest. The softening of young persons is generally the result of plugging of the cerebral arteries (most frequently the middle) by vegetations detached from the valves of the heart ("embolism"). Hemiplegia in very young children not uncommonly follows unilateral convulsions; and then is an expression of the damage left behind in the opposite side of the brain after its disturbance.

b. When the history tells of a sudden attack, the *symptoms premonitory* thereto must be taken into account. In softening (except from embolism) there is more mental confusion and failure, and more frequently headache, than in hæmorrhage. There is also an absence of congestive symptoms; but these are by no means constant when hæmorrhage is impending.

c. Of more importance is the history of the *attack* itself. With hæmorrhage it is sudden, often instantaneous; with softening it is more gradual. With hæmorrhage there is either entire loss of consciousness, which soon clears off; or

the mind is not affected at all. With softening there is always some amount of mental confusion at the outset, and little or no subsequent recovery. Paralysis from softening never appears on first waking in the morning, as is so common with that from hæmorrhage.

d. Lastly, we consider the *character* of the paralysis present. If typically hemiplegic, the probability is in favour of hæmorrhage: in softening the loss of power is more irregular, and more closely limited. Sensation, if lost at first from the former cause, speedily returns to its integrity. In softening it rarely escapes at the outset, and the loss is persistent. Rigidity of the limbs is characteristic of softening. "It is distributed," says Dr. Russell Reynolds, "with irregularity, and is noticed principally in the shoulder, elbow, and knee-joints; and in this respect it differs notably from what has been termed 'late rigidity,' viz., that stiffness of limb which comes on after paralysis has lasted for many weeks or months, and which is distributed like paralysis itself with prevailing frequency in the distal extremities of limbs, and undergoes a gradual diminution as the joints are tested, one by one, from below upwards."

Morbid growths in the brain (I exclude syphilis for the present) cause a paralysis remarkable chiefly for its localised character. Sometimes the external rectus muscle of the eyeball only is paralysed, through pressure on the sixth nerve; sometimes all the muscles supplied by the third nerve. The muscles of the tongue, or those of the face, may be the only ones affected. The paralysis is less often hemiplegic. It is developed slowly and insidiously: and is accompanied by the other symptoms of tumour—as fixed pain at one spot in the head, vertigo, vomiting, &c. From chronic softening the diagnosis is to be made by recognising the absence of the characteristic features of that malady, viz., loss of mental power, of sensation, and of motility.

II. I proceed now to speak of those paralyses which come before us as such, and not as mere symptoms of an otherwise recognisable local lesion. I shall divide these into five groups.

The first will contain tabes dorsalis, general paralysis of

the insane, general spinal paralysis, hysterical paralysis, infantile paralysis and paralysis agitans.

The second embraces the various forms of reflex paralysis.

The third includes syphilitic, rheumatic, and diphtheritic paralysis.

In the fourth class I group facial palsy, the "glosso-laryngeal paralysis" of Trousseau, and aphasia: and,

In the fifth, locomotor ataxy and wasting palsy.

1 *a*. By *tabes dorsalis* I mean that form of paralysis peculiar to those who have masturbated, or have indulged themselves sexually in excess. That the same causes may induce other forms of paralysis, especially locomotor ataxy, I do not doubt. But no less unquestionably there is a special paralysis therefrom resulting, which needs recognition. I need not describe the general appearance of these subjects. When loss of motor power is one of their symptoms, it varies from time to time in degree and sometimes even in seat. There is generally coldness, numbness, and tingling in the weakened parts. The prognosis is eminently favorable, when the bad habit can be entirely relinquished.

1 *b*. *General paralysis of the insane* is described by alienist writers as itself a form of insanity. It is indeed invariably associated with mental disorder, which latter also in the great majority of instances precedes the loss of motor power. This is not surprising, as the most invariable post-mortem appearance in these patients is general inflammation of the meninges of the brain. It was even supposed that those of the spine were exempt; but recent researches have shown that they are not unfrequently involved in the disease. The mental disorder is of the exalted kind, showing itself in exaggerated delusions as to personal power and importance. The paralysis appears first in the muscles of articulation and expression; thence spreading generally. The condition of the sensibility of the surface varies; but the muscles continue to be responsive to the electric stimulus. The disease is irregularly progressive, and is hardly ever cured.

1 *c*. *General spinal paralysis* is the name given by Du-

chenne to a form of paralysis superficially resembling the last named, but not necessarily occurring in connexion with mental disorder, and having distinct characters of its own. It begins in the legs and travels upwards. The muscles lose their electrical sensibility, and the nutrition of the paralysed limbs is more profoundly impaired. There is some reason to suppose that the essential pathological basis of this form of paralysis is disease (softening, atrophy) of the anterior columns of the cord.

1 *d. Hysterical paralysis.*—Paralysis is no uncommon occurrence in hysterical subjects. Briquet found it in 113 out of 430 such patients. Statistics vary as to the most frequent seat of this paralysis; but all agree that it is most commonly partial. The loss of power is also incomplete: there is a marked degree of anæsthesia with it: and the paralysed muscles do not waste or lose their electric contractility, though their electric sensibility is often much diminished. The left side of the body is most frequently affected.

Where the paralysis takes the form of hemiplegia or paraplegia the diagnosis becomes important. I need not describe the hysteric constitution, evidences of which will of course be sought for. In hysterical hemiplegia the face and tongue are rarely affected; and the gait is not like that of an ordinary hemiplegic. The paralysed leg is not raised from the ground and swung round, but is just dragged forwards, sweeping the floor as the patient walks. Nor do the toes droop as in true hemiplegia. In hysterical paraplegia, moreover, the gait is of the utmost importance for diagnosis.*

1 *e. Infantile paralysis.*—Young children—*i. e.* under two years of age—are liable to several of the forms of paralysis. But they have a variety of the disease peculiar to themselves, which has been called the "essential paralysis of infancy." It is usually very partial,—single muscles or groups of muscles only being affected. The sensibility of the affected parts involved is little if at all impaired; indeed, it is sometimes exalted. The paralysed muscles are at no time rigid. The paralysis generally occurs suddenly.

* See *Dr. Chambers's Clinical Lectures*, 'On Hysteria.'

A child is put to bed well, and in the morning is found partially paralysed. Or it is the sequel of a brief feverish attack, or of a single convulsion. In either case it is especially liable to supervene upon the specific ailments of childhood, as measles and hooping-cough; or even upon ordinary fevers and inflammations.

There are many speculations afloat as to the nature of infantile paralysis. Dr. Radcliffe believes it to be dependent on spinal congestion: but he omits to suggest any reason why infants should be specially liable to this disorder. Bouchut considers it to be of a rheumatic nature: but though children not uncommonly get rheumatic paralysis, it is impossible to trace the majority of cases to sources of this kind. I am rather inclined to think that in the hemiplegic form at least the starting-point is always a convulsion, noticed or unnoticed.

The most important point in the diagnosis I will give in Dr. West's words. "Another question is, how we may distinguish between forms of paralysis, such as I am here speaking of, and those more serious cases in which the palsy is a sign of organic disease in the brain. In many cases the history of the patient will of itself be sufficient to guard you from error; for if paralysis occur suddenly, affecting both limbs on one side, and be neither preceded by nor attended with any cerebral symptom, it is almost certain that it does not depend on serious organic disease of the brain. Our decision will be more difficult if the loss of power have been gradual, and especially if only one limb be affected; but if the brain be diseased, you will rarely find a mere weakening of the motor power; for connected with it there will usually be occasional involuntary tremor or nervous twitching of the limb, or contraction of the fingers or toes. When the paralysis succeeds to convulsions, the case will be still more obscure. In most cases of simple paralysis, however, the palsy comes on after a single fit; while, if it depend upon some local mischief in the brain, it is generally preceded by several convulsive seizures, during each of which the limb that afterwards becomes palsied is in a state of peculiar move-

ment, or is sometimes the only part where convulsive movements occur."

Upon this diagnostic point the prognosis will mainly depend. Infantile paralysis, unassociated with cerebral disease, generally gets well sooner or later.

1*f*. With *paralysis agitans* we pass from one extremity of life to another; and also almost overleap the bounds of our subject. In many aspects of this well-known disorder it is more allied to chorea than to true paralysis. Nevertheless, there is always some motor weakness present in the parts affected by the tremor. It will be sufficient to have noted the existence of this variety of paralysis; for the fullest and most recent information regarding it I would refer my readers to the article by Dr. Sanders in the second volume of Russell Reynolds' *System of Medicine*.

2. We owe most of our knowledge of *reflex paralysis* to Dr. Brown-Séquard. It had indeed been previously observed and noted, in the shape of the amaurosis which is sometimes caused by worms in the intestines, and the temporary loss of power in an arm or leg which occasionally accompanies teething. Of the same nature is paralysis occurring during pregnancy, or as the result of a diseased or displaced uterus. But the most characteristic instance of the variety in question is "urinary paraplegia." I cannot assent to Dr. Gull's opposite theory, that the urinary disease is always secondary, and the paraplegia primary. When this is the case, the paralytic symptoms are more marked, extensive, and permanent than when the loss of power is secondary.

The following are, according to Dr. Brown-Séquard, the diagnostic symptoms of reflex paralysis.

"1. It is preceded by symptoms indicative of an affection of some other part of the body.

"2. It generally varies in degree, according to the variations in the exciting cause.

"3. It is usually incomplete, some muscles being more paralysed than others.

"4. It is seldom accompanied with spasms in the paralysed muscles.

"5. The pains in the course of the spine; the formication, flying pains, and pricking sensation, described in cases of myelitis, do not appear in reflex paralysis.

"6. There is seldom anæsthesia.

"7. The excito-motor power of the paralysed muscles is generally retained.

"8. Convulsive movements are not so apt to be excited by defecation and micturition as they are in myelitis.

"9. The restoration to healthy power is often rapid after removal of the exciting cause."

What, however, is the condition of the cord which lies at the bottom of this form of paralysis is a moot question. Dr. Brown-Séquard thinks it anæmia, from contraction of the arteries induced by the eccentric irritation of the vaso-motor nerves. Dr. Radcliffe considers that the symptoms point rather to congestion, through the sympathy of contiguity. But the uncertainty matters little, as our therapeutic measures must be directed rather to the organ at fault than to the nervous centre.

3. The group of paralyses I have now to characterise may be called toxæmic. They depend upon the presence of a specific poison in the blood, and upon the changes wrought by such poison in the nervous centres.

a. The first of these is the *diphtheritic paralysis*. The not unfrequent occurrence of paralysis after diphtheria, and its great rarity as a sequela of any similar disease, is another proof, if such be needed, of the specific nature of the malady, and of its distinctness from any other. The loss of power is at first confined to the seat of the false membrane, viz., the velum palati; manifesting itself by a nasal twang in the voice and by the frequent return through the nose of the fluids imbibed. Very often this is all; but in some cases amaurosis, strabismus, paraplegia, and even general paralysis have appeared. The affected muscles are lax, and there is generally more or less anæsthesia. Recovery is only a question of time; and there is no danger unless the respiratory muscles are involved.

b. Syphilitic paralysis is of no uncommon occurrence. It is supposed sometimes to result from the mere presence

of the poison in the blood: but far more frequently depends upon deposits in the nervous centres or thickening of the sheaths of nerves. It is hence the most sharply localised of all the paralyses; and by its selection of the muscles supplied by single nerves—as the third, sixth, and seventh —often affords material for physiological study. Some interesting remarks on this form of paralysis will be found in the *Medical Times and Gazette* of the present year, where its prognosis under the ordinary anti-syphilitic treatment is given.

c. Rheumatic paralysis is somewhat difficult to define. It is alluded to by several writers on the subject: but I know of no description of this particular variety. It is scarcely fair to put down to rheumatism every paralytic affection resulting from exposure to cold and wet: as such causes may set up congestion or inflammation of the cord, or that general benumbing of nervous energy which Dr. Handfield Jones calls "neurolysis." On the other hand, the well-known elective affinity of the rheumatic poison for the fibrous and serous membranes makes it probable that the meninges of the cord and the sheaths of its issuing nerves are sometimes affected by it. Moreover, Trousseau describes a "cerebral rheumatism" in which the symptoms run high: and yet no evidence of meningitis or cerebritis is obtainable either during life or after death. May there not be a "spinal rheumatism" of analogous character? I think that some such hypothesis is necessary to account for many cases which come under our notice. The rheumatic paralysis will of course be characteristically painful.

4. I have now to speak of the essentially local forms of paralysis. "Facial palsy" has hitherto been the only prominent representative of this group. Trousseau, however, has lately given us a very interesting account of a local paralysis which he calls "glosso-laryngeal." In this place, also, I shall speak of the phenomena, studied of late with so much care, of "aphasia."

a. Facial paralysis is one of the best known and most easily recognised of maladies. The diagnostic sign that it is not of cerebral origin—*i. e.*, the complete paralysis of the

orbicularis palpebrarum, making the closure of the eyelids impossible—originally (I think) noticed by Dr. Todd, has been confirmed by all subsequent observers. Into the various causes of the affection of the portio dura I need not enter here:—they are discussed at length in Watson and Trousseau.

b. Glosso-laryngeal paralysis forms the topic of one of those fascinating clinical lectures which Trousseau has given to medical literature.

The loss of motor power in this paralysis appears in the muscles of the pharynx, larynx, soft palate, lips, and cheeks. The first symptom noticed is a defective pronunciation of certain words. This increases until the vowels *o* and *u*, and most of the consonants—*i. e.* all sounds requiring the co-operation of the tongue and the lips—have become impossible of utterance. Together with this the voice has acquired a nasal twang, and the soft palate cannot be made to contract: food also gets into the nasal fossæ. The tongue cannot be protruded, nor can its intrinsic muscles hollow or point it: it is seen lying motionless on the floor of the cavity of the mouth. From the combination of these causes deglutition becomes extremely difficult. The lower part of the face is motionless. The orbicularis oris is obviously paralysed: for the lips cannot be closed, so that such actions as kissing, blowing, and whistling are impossible; and the saliva dribbles out of the mouth. The buccinators are flaccid, so that the food lodges between the cheeks and the teeth, and the fingers have to be used to replace it on the tongue. Then it is observed that not articulation only, but phonation also is deficient. The patient can only emit the feeblest of sounds. The larynx does not rise naturally during deglutition: and if, as often happens, a morsel of food slips into it, it has little power to expel it by coughing. The respiration is shallow and slow. The muscles of the neck share in the debility; and sometimes loss of power is observed in the arm, leg, or other parts of the body. The paralysis is inexorably progressive: and death ensues from starvation or asphyxia.

The only diagnosis of practical importance is from,

commencing general paralysis of the insane on the one hand and from double facial paralysis on the other. The absence of mental disturbance distinguishes it from the former; and the mobility of the upper part of the face from the latter. The symptoms point plainly to impaired function of the facial, hypoglossal, pneumogastric, and spinal accessory nerves: and post-mortem investigation confirms the inference. In every case where a minute examination has been made, the roots of the hypoglossal and spinal accessory nerves have been found atrophied almost to a band of connective tissue, and similar though less profound changes are found in those of the facial, pneumogastric, and cervical nerves (anterior roots). In the very thorough autopsy conducted by Prof. Trousseau, the medulla oblongata and anterior columns of the cervical portion of the cord, with their meninges, were found much congested: and the hyperæmia extended into the atrophied nerve-roots.

These are all the facts known regarding this curious form of paralysis. Its causation is enveloped in profound obscurity. Of its connexion with the "progressive muscular atrophy" of Cruveilhier and Duchenne I will speak when I come to treat of that malady under the title of "wasting palsy."

c. In glosso-laryngeal paralysis the patient cannot speak because the muscular apparatus of articulation has lost its power. But there are circumstances of a widely different kind under which the faculty of speech may be lost. The tongue and lips may be freely moveable. The integrity of the larynx appears from the utterance in a natural voice of one or more words. But with language in general the sufferer has as little power of dealing as a deaf-mute. One so afflicted is said to have *aphasia.*

An aphasic patient does not necessarily lack ideas, but he has forgotten those symbols of our ideas which we call words. If you show him a spoon, he recognises it, and knows its use. But ask him if he knows its name, and he shakes his head. Ask him if it is a fork, and he will dissent: suggest the true name "spoon," and he will

signify approval. The memory is therefore capable of being aroused. But the faculty of remembering is permanently impaired: for repeat your question as to his knowledge of the name a few minutes later, and he will again sign a negative.

Nor is it the memory of words only that is lost: the power of articulating them is also absent. Although you have reminded the patient of the name of the object before him, he cannot pronounce it after you. He can perhaps say "yes" or "no," though he often misplaces them: or he utters in reply to every question, and spontaneously also, some unmeaning word, as "sapon," "cou-si-si." But no conversation can be held with him.

This is the typical aphasic. There are great varieties in degree, however, in individual instances. Some, though they cannot speak, can express their thoughts correctly in writing: some can only make meaningless scrawls on the paper, or at the utmost mechanically repeat the movements required for signing their names. Most, as I have implied, understand what is said to them; but some are deficient in this power, nevertheless comprehending gestures. The phenomena are of exceeding interest in their bearing on the question of the relation between thought and speech. But referring those who desire to follow out the subject to Trousseau's exhaustive lecture upon it, I pass on to the pathological and physiological aspects of aphasia.

Aphasia sometimes appears alone. More commonly, however, it is associated with more or less hemiplegia. When this latter occurs, it is almost invariably on the right side of the body. It is a natural inference that the faculty of speech has its material instrument in the left hemisphere of the brain. But the attempt at localization has been carried even farther than this. It is well known that the phrenologists, after Gall, place the organ of language in the anterior part of the brain (frontal lobes). Bouillaud was the first to adduce pathological facts in favour of this theory. Dr. Marc Dax then argued, from the facts mentioned above, that it must be the frontal lobe of the left side. Last, Dr. Paul Broca considered that he had demonstrated the exact seat of the faculty, viz., the posterior third of the second

and third left frontal convolutions. Certainly in one well-marked case of aphasia the lesion was found limited to these parts; and in many other autopsies of such cases disorganization was found at this spot. Moreover, in three cases of complete destruction of the *right* frontal lobe only language was unimpaired. On the other hand two instances, at least, of aphasia are on record in which no mischief was discoverable after death at the spot in question; and in one of Trousseau's cases, and in another lately recorded in this country, aphasia co-existed with left hemiplegia, and therefore with lesion in the right hemisphere of the brain. I think, therefore, that while the facts adduced are worthy of attentive consideration, it is impossible at present to admit the singular localization suggested by Dr. Broca.

For an ingenious attempt to account for the (supposed) devotion of the left side of the brain to the faculty of speech I would refer to a most interesting lecture by Dr. Wilks in the *Medical Times and Gazette.*

5. My last two forms of paralysis have as their only link their "progressive" character. I do not, however, introduce the therapeutical assumption involved in this epithet into the names by which I designate them.

a. Locomotor Ataxy (ataxie locomotrice progressive) was first distinguished from common paraplegia by Dr. Duchenne of Boulogne. To Prof. Trousseau, and to the able translator of the first volume of his *Clinical Lectures*, Dr. Victor Bazire, we owe the fullest account we have of the disease in an English dress. Dr. Radcliffe's article, however, in the *System of Medicine*, is not without its merits.

A man shall come to consult you for a loss of power in his lower extremities. And indeed he cannot walk without aid, and even then very imperfectly. But observe his mode of progression, and you will see that it differs *in toto* from that of an ordinary paraplegic. On first rising to walk he staggers, and would fall if he did not gain his equilibrium by obtaining some point of support. The legs are then thrown suddenly, forcibly, and wildly forwards: the foot is brought down to the ground with a stamp, and on the heels instead of on the toes: the flexion and extension of the knee-joints

are accomplished by a series of jerks. If the disease be advanced, even this disorderly progression is impossible: and the limbs are thrust forwards and backwards, to the right and to the left, in utter disorder. But let such a patient sit or lie down, and he can then execute any movement with his legs which you like to name. He can moreover resist with full force any attempt at flexion and extension of his joints made by your hands. Let him again stand up, well-supported, and he can bear any ordinary weight on his shoulders, even (it may be) to the extent of carrying his physician round the room.

Now whatever this affection may be, it certainly is not paralysis. The history of the case, moreover, will be found quite unique. The patient (who is nearly always of the male sex, and in middle age) probably began some years ago to suffer from attacks of neuralgic pain in the limbs. The pains were sharp, sudden, and darting, like electric shocks. They have continued, with intermissions, to the present time. Then something wrong appeared in the organ of vision. Either the sixth or the third nerve became paralysed—causing, in the former case, internal strabismus, in the latter, external strabismus, diplopia, and ptosis. Or perhaps the optic nerve showed signs of trouble in the shape of amblyopia or amaurosis. Similar pareses were apt to show themselves elsewhere,—especially in the bladder. The patient could not retain his urine when once the desire for micturition began: and it sometimes escaped him at night. Together with these symptoms began and progressed that loss of co-ordination of the lower, and perhaps also of the upper extremities, which I have already characterized.

On examination of the patient, you will find all or some of the above symptoms present. One pupil will probably be considerably larger than the other. The genital as well as the urinary organs will be found depressed, even to complete impotence. The limbs appear well-nourished and developed: and respond readily to the electric current. But you will notice, as you pass the latter, that (in the great majority of cases) the patient seems to feel little or no pain, even when the current is intense. Further investigation

will then disclose a marked obtuseness of tactile sensibility in the affected limbs, even to complete anæsthesia. Reflex sensibility, as to tickling of the soles of the feet, seems always to be annihilated.

For further information as to the diagnosis of this curious malady I must refer my readers to the sources of information already noted. Its causation is unknown. Its history extends over years, even from ten to twenty: but its progress, though slow and intermitting, is certain. What, now, is its nature?

Post-mortem investigation sometimes discovers no lesion whatever. More commonly, however, similar changes to those already described in connexion with glosso-laryngeal paralysis—*i. e.*, atrophy with hyperæmia—are found in the posterior columns of the cord, the neighbouring grey substance, and the posterior roots with their ganglia. The brain is healthy, but the optic, third, and sixth nerves may be diseased at their origin. This is all: but I think it is quite sufficient for the explanation of the phenomena.

The cerebellum having been supposed to be the centre for the co-ordination of muscular movements, and the posterior columns passing into it by means of their continuation, the restiform bodies, it seems only right that ataxy of the limbs should follow disease of the conductors as it does that of the centre. So Todd long ago theorised. But many grave objections arise here. The function ascribed to the cerebellum is far from being proved to belong to it. Actual disease of the cerebellum itself causes an ataxy which is very different from that of the disease in question. Dr. Radcliffe writes,—"In the next bed to that occupied by the patient whose case has served as an example of locomotor ataxy, was a boy, also under my care, whose cerebellum never seemed to have been properly developed, and whose gait was precisely that which I have seen in two cases of tumour of the cerebellum, and which seems to be associated with serious cerebellar disease in all cases. This boy reeled and rolled about in walking, but there was nothing peculiar in the way in which he moved his legs and planted his feet: on the contrary, these movements were those which would be

instinctively made to prevent falling. He was not giddy, but he seemed to be giddy, and the volitional and automatic movements of his legs were what they ought to be under the circumstances, no more. His mode of progression was widely different from that of the ataxic patient, as was at once apparent when the two were set side by side." Nor is it likely, *à priori*, that a concrete morbid condition like this should limit itself to the conductors, and leave the centre untouched.

Another explanation has been based upon the presence of tactile anæsthesia, and especially upon the loss of the (so-called) muscular sense. As to the former it is sufficient to say, on the one hand, that the skin of the lower limbs may become perfectly anæsthetic without any loss of co-ordination: on the other, that exceptional cases of advanced locomotor ataxy are on record, in which the sensibility was unimpaired. Trousseau has observed similar facts, on each side, as regards the relation of ataxy with muscular anæsthesia. To this Dr. Radcliffe adds,—"the ataxic movements which depend upon anæsthesia muscularis are only present when the patient does not see what he is doing: the ataxic movements which characterize simple locomotor ataxy continue whether the patient see what he is doing or not. Nor is this simple rule in diagnosis invalidated by the fact that in the majority of cases of locomotor ataxy the sight has a marked influence in keeping the unruly muscles in check, for the cases are almost exceptional in which loss of muscular sense does not form an important element in the disorder."

With the rejection of these theories, both the authors I have cited end their inquiry into the nature of the disease. I make bold, however, to suggest another direction in which to look for its true explanation.

I have already reminded my readers of the relation between the integrity of the posterior columns and reflex action. The incident nerve-fibres, passing within the spinal column through the posterior roots of the cord, run upwards and downwards in its posterior columns before they end in the grey substance. Such disease of these columns as we have in locomotor ataxy must destroy the excito-

motor nerve-fibres which run along them; and hence that annihilation of reflex sensibility which appears invariably to obtain in the disease before us. Now when we consider what a complex process locomotion is, it will at once appear that it is far more automatic than volitional. All automatic actions are referrible physiologically to the class of reflex phenomena. Cut away from these last their "excitor" half, while their motor half is left unimpaired, and you make their precision impossible. You then have, not paralysis, but ataxy, as in the disease we are considering. Nor is any difficulty introduced when we have to account for the other phenomena of the malady. They are distinct in kind, because, although the same pathological process is going on, it is attacking parts differently functioned. The neuralgic pains and the anæsthesia show that the sensory portions of the nerves and centres are affected. The ocular symptoms mean that the optic, third, and sixth nerves have been invaded. And here, in the involvement of nerves whose fibres are efferent, we have a link with glosso-laryngeal paralysis, and with the muscular atrophy I have yet to describe.

b. Wasting palsy (progressive muscular atrophy of Cruveilhier and Duchenne) is the last of the varieties of paralysis I have to describe. My account of it is taken from Trousseau's lecture on the subject, and from Dr. Roberts' article on "Wasting Palsy" in the *System of Medicine.* Dr. Meryon, too, contributes some useful information upon it in his otherwise unsatisfactory book upon *Paralysis.*

Wasting palsy is an atrophic degeneration of the voluntary muscles, rarely associated with nervous phenomena. It usually begins in the hands, and rarely extends beyond the upper extremities and the neighbouring muscles (pectorales, rhomboidei, &c.) of the trunk. It may, however, invade any (striated) muscle in the body, even the heart. It is very partial, selecting here and there a group of muscles, a single muscle, or even a few fasciculi of a muscle. The morbid change is not a simple wasting, but a degeneration of the muscular tissue. The colour becomes pale; the striæ disappear. Under the microscope the sarcolemma is found to

contain only a granular mass mingled with fat. Ultimately the whole muscle is transformed into adipose tissue; or, more commonly, the granular matter and its enveloping sarcolemma entirely disappear, and there remains only the fibro-cellular frame-work of the muscle, destitute of any true sarcous tissue.

A subject of this disease necessarily complains of some degree of loss of power. Indeed, this is usually the first symptom observed; and it seems disproportionate to the amount of wasting. The wasting, however, is always coincident with the want of power, and by the changes it effects in the configuration of the body gives the disease its characteristic appearance. Flattenings here, and distortions there, show the absence of the normal muscles. The diseased muscles themselves are often the seat of fibrillary contractions, spontaneous or easily excited; less frequently of cramps and spasms. They are responsive to electricity, as long as they are not utterly destroyed. Pain is said by the French writers to be rare; but Dr. Roberts declares that in about half the cases there is more or less pain of a neuralgic character in the course of the nerves leading to the diseased muscles. The disease is progressive, and capable of being checked only when confined to the arms or legs. When it invades the muscles of the trunk, it always goes on sooner or later to a fatal termination, generally through involving the muscles of respiration.

It is a moot, and very interesting question, whether this atrophy is a primary disease of the muscles, like rachitis of the bones; or whether it is secondary to disease in the nerves or nervous centres. Dr. Meryon, with Duchenne, holds the former view; and cites a case in which the bones actually seemed implicated in the defective nutrition, as the femur was twice broken from very inadequate causes. Trousseau and Roberts hold it to be primarily a neurosis. Post-mortem investigation has sometimes discovered no nervous lesion whatever; but when any such has appeared it has always been seated in the anterior roots and columns of the cord. In a very careful autopsy conducted under Trousseau's superintendence, the character of the lesion of

the nervous substances and of the muscles has been ascertained to be identical.

To my mind the most important fact bearing on this question is the following. There are at least three cases on record (one is described at length by Dr. Bazire in his notes to Trousseau) in which progressive muscular atrophy affecting the limbs has been coincident with paralysis, without atrophy, of the muscles of the tongue, the soft palate, and the lips (glosso-laryngeal paralysis). I think the remarks of Trousseau on this point conclusive. "Dr. Duchenne thinks that there are two distinct diseases associated in such cases. But must we entirely concur in this opinion? When in the same individual you find, on the one hand, progressive paralysis of the tongue without any atrophy of the organ, and, on the other hand, progressive muscular atrophy in other parts of the body, will you not incline to the opinion that these two morbid conditions are dependent on the same organic lesion? Lastly, if pathological anatomy proves to you that the roots of the hypoglossal and the spinal motor roots have undergone the same alterations, can you refuse to believe that the *same* anatomical nerve-lesion has produced in one part paralysis of the tongue without atrophy, and in another part paralysis with fatty degeneration of certain muscles?"

I therefore incline to the hypothesis of a primary nervous lesion in this disease, being the same morbid process in the anterior roots and columns of the cord as that which in glosso-laryngeal paralysis invades the hypoglossal and spinal accessory nerves, in locomotor ataxy the posterior roots and columns and the nerves of the eye. But why the muscles should waste under its influence, and why the wasting should be so partial in its selection, are questions insoluble until Physiology has taught us farther upon the influence of the nerves over nutrition.

This paper has already extended to such a length that I must defer to the next number of the Journal my studies of our paralytic medicines.

THE SCHOOL OF MONTPELLIER AND HOMŒOPATHY.

[In a recent number of the *Art Medical* we find a very interesting paper by Dr. Roux, of Cette, extracted from the *Bibliothique Homœopathique*, which we have not seen, giving an account of the mode in which homœopathy has been received by the School of Montpellier, and incidentally contrasting its reception at the old vitalist school with the treatment it has received at the Medical School of Paris. As it is a novel sensation to us to hear of the doctrines of Hahnemann being treated at one of the reigning schools of medicine otherwise than with the grossest injustice, we willingly make room for an account of a different treatment, as it forms an agreeable break in the wearisome monotony of narrow-minded bigotry and unmerited contumely with which it has been the invariable custom to treat the doctrines of Hahnemann.]

The school of Montpellier has broad and conciliatory ideas; it admits without hesitation all well attested facts, and only rejects exclusive systems. The breadth of its conceptions renders it accessible sooner or later to all discoveries, some of which will dash through the narrow circle in which others have elsewhere shut themselves up. M. Lordat wrote: "My great object is to record present truths in such a manner that they shall not prevent their due reception to future truths."

A man of a high order of intellect, Risueno d'Amador, placed in a chair commanding the whole medical horizon, above the atmosphere of prejudice, was able to look far afield for discoveries and to perceive the value of Hahnemann's system.

This professor wrote as follows: "Homœopathy is a doctrine very congenial to vitalism. Indeed, I may say it is vitalism itself broadly applied to therapeutics. The new system of therapeutics directs itself to the vital forces in order to cure the disease, just as vitalist pathology studies those forces in order to apprehend its production. The

vital forces being the source of the disease it is to these forces we must apply the agent intended to destroy the morbid modification. In order to discover the whole truth and to snatch from Germany that great glory, all that the vitalism of Montpellier wanted was to find out the mode of disengaging from medicinal agents the active forces they contained; this is what Hahnemann did by means of his great principle of attenuations. By that great and beautiful discovery he has vastly extended the sphere of vitalism, and what is more, has given to this doctrine a practical basis henceforward beyond the reach of cavil."

This declaration made a sensation; the Paris press bellowed aloud at it. The *Bulletin de Thérapeutique* commenced by crowning with flowers the victim it wished to sacrifice. "Much commendation," it said, "was bestowed on the ruling power, for selecting for the chair of pathology and general therapeutics in Montpellier a man who had twice borne away the prize of the Academy of Medicine and whose known works promised a brilliant future; we allude to M. Risueno d'Amador."

After this well-merited compliment, the *Bulletin* goes on: "But see! from the mouth of this professor issues an immense scandal: his chair is converted into a chair of homœopathy. O what profanation, what sacrilege! We have no doubt the professors of that school must feel indignant at such a prostitution of teaching; but their indignation should not remain silent: the whole school should protest energetically *en masse;* it owes this much to its glory and to its duty."

The faculty treated these outcries with contempt, and here is how the worthiest representative of the Montpellier School, M. Lordat, replied at a later period: "Homœopathy has the adhesion of one of our most distinguished masters, M. d'Amador. The opinion of a man of his worth, who understands his art in all its branches and bearings, is worthy of attention, especially when, without derogating from the science such as successive ages have made it, he endeavours to aggrandise it by acquisitions which seem to him profitable."

The inveterate enemies of the new method turned towards the government and denounced to it the teaching of d'Amador: "Why," cried the *Bulletin*, "does the minister of public instruction allow a great school to be thus polluted?" Yielding to Paris influences the minister ended by forbidding the professor to speak of homœopathy from his chair. Succumbing to force, the professor ceased to utter the word, but continued to season his lectures with the spirit and the sap of this vigorous and fruitful doctrine.

Applying to science what André Chénier said of poetry—

"Sur des pensers nouveaux faisons des vers antiques,"

d'Amador expressed in old medical language the results of recent discoveries, and woke up the peaceful echoes of tradition by the ardent words of progress. Eager to unite the scientific treasures of the north and south, of the present and past, he presented Hahnemannic ideas under Hippocratic forms, just as though he might have poured the exquisite Johannisberg wine from a precious Greek vase.

Posterity will remember d'Amador's generous initiative, and will extol Montpellier for having the first professor in France who publicly adopted homœopathy.

The echoes of the lecture room retain the remembrance of his eloquent voice. "The teaching of this master is still cherished by our school," said one of the extra-academical professors, in this faithfully expressing the feeling of the public.

The dean of the faculty of the sciences of this town, Professor Dunal, was one of the partizans of homœopathy. This circumstance is of great importance in a city where the accessory sciences are deeply influenced by medicine, whereas in Paris medicine is quite subordinated to these sciences.

Homœopathy was avowed and practised by two extra-academical professors of Montpellier, Dr. Andrieu, recently deceased, and Dr. Parlier.

One of the most esteemed practitioners of the south of France, Dr. Batigne, formerly an extra-academical professor, having seen the remarkable effects of this system in M.

Parlier's practice, said to the present writer, "I am too old to devote myself to the practice of homœopathy; but if ever I should have a consultation with you I should be happy to see you treat the case homœopathically."

Other professors wrote to ask me respecting the homœopathic prophylactics and remedies for epidemic cholera.

Professor Lordat has maintained the prudent reserve which has always characterized the school of which he is the worthy representative: "I neither admit nor deny the truth of homœopathy," he says, "as I am not sufficiently acquainted with it, not having had time to study it. I shall suspend my opinion regarding it until I shall be in a position to have an opinion, that is to say until I shall have examined thoroughly into it."

Nothing could apparently be more simple than this reserve, and yet except at Montpellier how seldom is it practised. M. Lordat on a former occasion observed: "Hahnemann has given us many drugs which he says are specific in various morbid conditions. We should be grateful to him for this, although his statements have not yet been verified."

In expressing himself in this manner, at a period when the discoveries of Hahnemann had not yet been verified at Montpellier, M. Lordat, without being able to guarantee them, showed that he had no reason for rejecting them, and for refusing the acknowledgments due to their author.

The venerable professor did not hesitate to say to one of his favorite pupils, Dr. Masclary, of Nîmes: "When I see around me, at Marseilles, Avignon, Cette, and Toulouse, men of standing, good faith, and great attainments practising homœopathy and publishing accounts of their success, I am constrained to say: Surely there must be some truth in this doctrine, especially when you, my dear pupil, whom I have known these thirty years, come to me bringing the fruits of your experience."

An extra-academical professor of the same school, at present in holy orders, Dr. Barre, said, speaking of specifics: "The common system of medicine possesses few of these heroic remedies. Homœopathy professes to have discovered

a great many, and carries on her researches actively. I know not what to think of it all; but we must at all events grant that Hahnemann and his school have started from a true principle."

Like M. Lordat, this conscientious physician frankly expresses his ignorance of the action of those means he has not tried, but he acknowledges the starting point to be founded on truth.

Acting also on the wise custom of Montpellier, the late lamented Dr. Saurel, extra academical professor of this school, and editor of the *Revue Thérapeutique du Midi*, wrote in his journal: "We are far from being hostile to homœopathy, on which we are not in a position to pronounce a judgment, never having tried it nor seen it tried."

Subsequently he went on to say: "We have no difficulty in believing that it can cure certain diseases by means of remedies whose action is homœopathic to them."

The former chief editor of the same journal, Dr. Barbaste, considered himself bound in honour to make the following declaration: "I have never been opposed to the homœopathic movement of our age; I am too friendly to medical philosophy to be so; more particularly as I belong to a celebrated school which counts among its lights Lordat, d'Amador, Dunal, Barre, &c., who have shown more than mere deference towards the new doctrine."

If we now look what has happened in the Academy of Sciences and Letters of Montpellier, we find the former general secretary, Dr. Rousset, speaking as follows: "The faculty is indebted to Professor d'Amador for having absorbed homœopathy to the profit of his doctrines, deducing this therapeutic method from the Hippocratism and vitalism of Montpellier."

To thank d'Amador in these terms is to acknowledge all the value of the new method and the advantages it is capable of offering.

M. Rousset adds: "The idea of specificity, so dear to our school, has been sagely developed by Dr. Hahnemann."

For most medical men the stumbling-block in homœo-

pathy is the question of medicinal dynamization, in other words, the infinitesimal doses.

On this point, which excites so much repugnance, let us hear the deeply philosophic words of Professor Jaumes, of Montpellier: "It has been shown that the impossibility of understanding why such and such a procedure modifies the virtues of drugs, is no reason for rejecting it. So when homœopathy affirms that by treating a substance in such a manner its power is increased, the assertion appears to me strange, but I am unable *à priori* to demonstrate its falsity. It seems to me difficult to apprehend the causal relations between triturations and dilutions made according to certain rules, and the enhanced virtue said to be thus obtained, but that is no proof of the impossibility of the result."

This disposes of the accusation of absurdity often brought against the homœopathic preparations. Experience alone can decide.

Professor Ribes, of Montpellier, influenced by the testimony of the numerous witnesses to their effects, thus writes: "Homœopathy proves that medicines have an indubitable action in infinitely small doses."

We shall now draw a comparison between Paris and Montpellier in respect to their several modes of treating the homœopathic system.

Paris.	Montpellier.
Since the year 1838 the Academy of Medicine has condemned homœopathy.	Twenty years later the leading men still suspend their judgment.
No member of the teaching body has adopted the new system.	One professor and two *agrégés* of the Faculty of Medicine, and a dean of the Faculty of Sciences, have professed and practised homœopathy.
The medical periodicals wage fierce war against it; one of them goes so far as to say, that to treat cholera by this system "is a crime that should be proceeded against."*	The *Revue Thérapeutique du Midi* publishes my observations on cholera treated homœopathically.

* *Union Médicale*, 1849, p. 175.

PARIS.	MONTPELLIER.
The Academy of Medicine refuses to accept gratuitously the *Art Médical*, because it favours homœopathy.	The Faculty of Medicine accepts the *Art Médical.*
One professor wishes to exclude the homœopathic system "from the sphere of honest physic."* A journal calls it "a trade carried on to the detriment of science and humanity."§	M. Lordat calls the homœopathists "men worthy of consideration."† M. Aliquié: "estimable men."‡ M. Saurel calls them "honest, sincere, disinterested."‖
The medical societies, even those which, without occupying themselves with science, have no other object, according to their programme, than "to maintain fraternal relations amongst medical men," expel homœopathic practitioners as "mercenary men, who trade on public credulity." They even go so far as to expel any practitioner who meets them in consultation.	The Academy of Sciences and Letters admits the disciples of Hahnemann, and no practitioner refuses to hold fraternal relations with them. Besides this, the faculty appointed me among the first of the judges of a competition for the post of house physician, though my devotion to homœopathy was well known.

To sum up, if Montpellier has not opened her portals wide to admit the new system, she has not, like Paris, closed and double-bolted them against it.

A few years ago Dr. Imbert-Gourbeyre, professor at Clermont Ferrand, having stood as candidate for the chair of therapeutics at Montpellier at that time vacant, received a letter from Professor Jaumes, the reporter, in which the following passage occurs: "The faculty did not wish homœopathy to be officially taught in their name, and, excuse my frankness, I think they acted rightly." M. Imbert-Gourbeyre remarked that the faculty of Montpellier ignored homœopathy. The faculty granted that it did so; and it was on that account that they refused to *admit* the system represented by M. Imbert-Gourbeyre, just as they refused

* *Eléments de Pathologie Médicale*, T. I, p. 286.

† *Journal de la Soc. de Méd. prat. de Montpellier*, 1846, p. 129.

‡ *Precis de la Doctr. Méd. de Montpellier*, p. 576.

§ *Union Médicale*, 1857, October 24.

‖ *Revue Thérap. du Midi*, T. VII, p. 269, T. IX, p. 345.

to *reject* it when represented by M. d'Amador. They feared to give an official character to the homœopathic teaching of the former, just as they feared to protest against the homœopathic teaching of the latter. Calmly established in philosophic doubt, *they remain in suspense;* they wait to see what the future shall decide.

Charged with the weight of her ancient renown this school advances at a solemn and measured pace. Unwilling to remain immovable, she yet fears to advance too rapidly. Whilst Paris is all for violent interfering methods, Montpellier is in all things in favour of the expectant system.

The Paris School (if there be such a thing, which is denied in Paris itself) shows itself consistent. Declaring the action of infinitesimal doses to be impossible, it vows that the testimony in its favour is sheer imposture, and will not listen to it.

Enlightened by a better philosophy, the Montpellier School confesses that this is a case in which experience must decide. May she then make up her mind to interrogate experience!

ON IPECACUANHA.

By Dr. IMBERT-GOURBEYRE.*

(*Continued from page* 254.)

I. OF THE ACTION OF IPECACUANHA ON THE RESPIRATORY PASSAGES.

Therapeutic action.

THERE was some conclusion to be drawn from so remarkable an effect of *Ipec.* on the chest;† and, just as has

* *Art. Medical* for January, 1868.

† To the numerous instances already cited where *Ipec.* produced asthma, I will add the two following facts reported by Dr. Rosenthal in the *Wiener Zeitschrift*, 1866:

This German physician being called in to a shopboy who was seized with a

been the case with many other drugs, some would not dare to employ this foreign root in pulmonary affections, because of the accidents to which it must give rise; whilst others, disregarding these primary facts and influenced by various theories, tried experiments, and recognised some very useful applications of it in certain diseases of the chest. As early as 1705 Doliveau, a physician of Montpellier, who had lived long in South America, stated in the *Journal de Trévoux* that he had employed *Ipec.* in the very countries where it grows wild for all the colliquative diseases, affections of the chest, obstruction of the menses, and especially disorders of the stomach, and had met with very great success.

Akenside, in 1768, published in the *London Medical Transactions* a memoir on the employment of *Ipec.* in spasmodic asthma. According to him, when all other antispasmodics had failed, *Ipec.* invariably cut short the attack. The administration of a scruple in powder speedily relieves the most violent fits. In chronic or habitual asthma this English physician gave three to five grains every morning, or five to ten grains every other day; and sometimes kept up the treatment for a whole month or six weeks. According to him, the relief which it affords in asthma is independent of the vomiting, since it is just as efficacious where it does not act as an emetic.

Then Meyer (*Diss. de ipec. refracta dosi*) and Bang (*Praxis medica*) each report a remarkable case of cure.

Löseke and Carminati repeat Akenside; Quarin is astonished that Wedel could recommend the Brazilian remedy,

violent fit whilst pounding *Ipec.*, he observed the following symptoms—most intense oppression, with a countenance expressive of great anguish; fixed look, pale face, head turned back; the superior portion of the chest was violently raised by the muscular contraction; small failing pulse; rattling respiration, rendering auscultation impossible. Gave "café noir" with a little rum, at the same time applying friction on the chest with wet cloths. The fit ceased in six minutes, but the patient still felt fatigued and prostrate for some time.

The same physician saw another druggist's boy attacked several times with similar fits after pulverising *Ipec.*, so susceptible was he to the presence of that powder that the mere mixing of it with *Opium* in the preparation of Dover's powder sufficed to produce dyspnœa.

because it *causes* maladies of the chest (" pectori inimicus") after the facts above cited from Scott. The German physician seems to have little confidence in this medicine; he prefers antimonials and antimonial gum in phlegmatic asthma.

Ipec. cannot have been much employed as an anti-asthmatic during the next century, since Bossieri makes no mention of any such application of it.

And yet about the same period Murray, recording the previous experiments, had extolled it highly. Spasmos sopire Ipecacuanham variis documentis elucet; huc spectat efficacia in asthmate spasmodico singularis, cui hypochondriaci et hystericæ sæpe obnoxiæ sunt, et fæminæ obstructione mensium laborantes; vel termino quo cessant propiores; in hoc malo opiatis longe antecelluit.—[*Apparatus medicaminum,* 1793.]

But few authors mentioned it even at the beginning of this century. The great dictionary in sixty volumes contents itself with saying that Barthez gave *Ipec.* for asthma. Subsequently we see this employment of it asserted in most of the classical treatises on Materia Medica, as Pereira, Clarus, Œsterlen, and Trousseau. Graves also indicates it in his *Clinical Lectures.* Romberg assures us that in similar cases he has found the stimulation of the *par vagum* by *Ipec.* very useful, whether the *Ipec.* was given in small or strong doses.

Théry in a recent treatise expresses himself thus:

" In robust, fat, plethoric subjects, or workmen exposed to the influence of metallic vapours, we obtain happy and speedy effects from *Ipec.* It is *one of the best means* of shortening the duration of the paroxysms. It should not be given in certain rare cases where the fits are preceded by vomitings, which are at times so violent as to compel us to calm their intensity." Théry on *Asthma,* p. 395, obtained a prize from the Academy of Medicine, Paris, 1859. In giving this last advice our author forgot Hippocrates, " vomitus vomitu curatur." Happily, the homœopathic school has understood and developed the teaching of the father of medicine, and thus it is that the allopathic

school, starting from an erroneous idea, deprives itself of the best remedies in a host of cases where they are precisely indicated by the law of similitude.

Ipec. has also been given in whooping-cough. Since Bergius first prescribed it for spasmodic cough, down to our own day this medicine has come to be constantly employed in treating this malady. Schmidtmann has also used it with success in Millar's (acute) asthma.

One cannot but see here one of the best proofs of the homœopathic law. *Physiologically Ipec.* produces asthma, oppression of the chest, spasm of the glottis, violent fits of coughing; this is what Œsterlen repeats on the strength of the facts cited by Vigarous and Prieger; and here we have it, *therapeutically*, amongst the first-class remedies for those same conditions, in natural disease! We may, therefore, in the pulmonary physiology of *Ipec.*, read its therapeutic indication, if we allow ourselves to be guided by the law of similitude.

It is this which has extorted from M. Trousseau, embarrassed in the face of facts proving *Ipec.* to be asthmatogenic, the following avowal: "The pathological laws which we have established in treating of substitutive medicine explain to a certain extent the good effects of *Ipec.* in asthma, nervous and humid; but whatever be the explanation, we must admit the fact."

Here M. Trousseau has modestly "substituted" himself [quite by virtue of the "substitutive" method!] for Hahnemann, nay even for Hippocrates. Need we say that the alleged pathological laws established by the Parisian Professor of the Faculty are nothing more nor less than the *similia similibus* formulated by the divine old Greek, and elevated by Hahnemann to the expression of a general law in therapeutics!*

* Trousseau was the pupil of Bretonneau, the real author of "substitution." Now, Bretonneau was nothing but a bashful homœopath playing under these circumstances the wretched part of plagiarist; certain princes in the science are familiar with the fact. I will quote in evidence the following passage of a letter from Dr. Chauvet:—

"Was Bretonneau acquainted with the labours of Hahnemann when he

Keeping to the question of *Ipec.*, Trousseau's successor in the Parisian chair of therapeutics, M. Germain Sée, seems to me still further from the truth than his predecessor, for, in an article on asthma in the new dictionary of medicine, he places amongst the *means of depressing* the cardiac and vascular action:

1st. EMETIC TARTAR. 2nd. IPEC. *Physiological effects.* —*Ipec.*, like *Emetic tartar*, produces a muscular collapse; but one which shows itself sooner, extends more certainly to the sensitive nerves, and disappears more rapidly, besides which, it neither gives place to so dangerous a period of reaction, nor to such serious lesions of the intestines as

invented his substitution? I reply he was; and I bring in proof of my assertion the evidence of a venerable old man (Dr. Guérin, of Chatillon-sur-Indre, now eighty-seven or eighty-eight, and in full possession of his faculties) who was the fellow-pupil and friend of Bretonneau. That distinguished physician, who has sometimes done me the honour of calling me in to a consultation, is a homœopath of twenty-five or thirty years' standing. Wishing to know the cause of his conversion I latterly put some questions to him on the subject, and here is his reply,—'It was my friend Bretonneau who put me in the way. Having heard of Hahnemann's wonderful cures in Germany, where his new method was much talked of, he resolved to acquaint himself with his works, which struck him forcibly, and he imparted his impressions to me. There is some good, said he, in that system; it is worth studying. The confidence with which Bretonneau inspired me set me a-thinking in my turn. I studied the system; I understood it; and then, after adequate preparation, I commenced the practice, which I have continued to this day, with success which I had never attained in the old school.' 'But,' said I to M. Guérin, 'how comes it that Bretonneau did not adopt, on his own account, the advice which he felt bound to give to his friends?' 'What are you thinking of?' said the good old Doctor, '*position ties a man down*; and the position which Bretonneau had gained amongst the princes of the medical science could hardly allow him to break openly with antecedents full of brilliant promises for the future, and to emancipate himself with *éclat* from those deadly prejudices of his school which have turned and continue every day to turn so many fine intellects from the only way which, in my opinion, can ever give our poor art an ascending direction.' I rejoined, 'Bretonneau was at perfect liberty to accept or reject Hahnemann's doctrine, but could he honestly rob him of his property in order to pervert his system for the benefit of his own personal ambition?' 'Have patience,' replied my interlocutor, 'Honesty is the best policy. Wait till the hour of reparative justice shall sooner or later declare for the lawful possessor.'"—(CHAUVET, *Le discours de M. Ducloc, Lettre à l'auteur*, Tours, 1867.)

antimonial poisoning; but, on the other hand, *Ipec.* more deeply injures the glycogenic action of the liver. *Therapeutic effects.*—Less dangerous than *Emetic tartar, Ipec.* seems, therefore, preferable in a therapeutic point of view; but we have to remember its pernicious influence on certain patients when in a state of powder (*'Nouveau Dict. de Med. et de Chir. pratique.'* Ed. Jaccond). In the same article Professor Sée had already reported all the facts relating to *Ipec.* as an asthmatogenic agent, and for that reason insists upon that hurtful influence in a therapeutic point of view.

The above passage calls for some antagonistic reflections. Classing *Ipec.* amongst agents for depressing the cardiac and vascular action is just a faint imitation of the Italian contro-stimulism, a school which rests on a confusion between the physiological and the therapeutic effects.

As regards the physiology of this drug considered with reference to the treatment of asthma, M. Sée contents himself with saying that *Ipec.* produces muscular collapse, which is not correct; and that it extends more certainly to the sensitive nerves, of which I require proof, and especially ask what effect *Ipec.* has on those nerves. Here comes an ingenious explanation to be set aside. If, moreover, *Ipec.* more deeply injures the glycogenic function of the liver, what relation exists between that physiological fact and the treatment of asthma by *Ipec.?* The learned professor does not say a word of the physiological peculiarity of *Ipec.* in its action on the lungs, viz., its very remarkable asthmatogenic power. That was really the physiological fact which should have been associated with its therapeutic use in asthma; and yet they are for ever talking of the experimental method, and pretending to base therapeutics on the physiology of the drugs! At any rate, he should have given us a complete physiology, and not mixed it up with romance and ingenious explanations.

Where M. Sée speaks, *en passant,* of the asthmatogenic effects of *Ipec.*, he appears to do so in order to warn the profession against the use of it in asthma proper! And here we may at least be astonished that he should forget the *pathological* laws established by Trousseau, "*Ubi virus,*

ibi virtus," and it is just because *Ipec.* causes affections in the respiratory passages that it should be employed similarly in maladies of those passages. "*Ipec.,*" says M. Sée, "is especially curative in depressing respiratory action, *because* physiologically it exalts it to excess. So it is with all drugs. The physiological effects are the key, the indication of the therapeutic effects. Instead of rejecting medicines on account of their ill effects on certain organs, that is the very reason for employing them in existing maladies of those organs.

Yes, the physiological fact leads us necessarily to the therapeutic application; but by one single road, viz. the *simile.*

The intention of basing therapeutics or the employment of medicines, *i. e.* pharmacodynamics, on physiology itself, as they are attempting to do in the faculty of Paris, is an excellent and fundamental idea; it is the very idea which Hahnemann himself realised sixty years ago, and therein lies the whole foundation of the Hahnemannian school.

Only Hahnemann judged of the therapeutic application of medicines from their physiology by the law of similitude. This is the key; as long as the high Parisian school will not take that same key, it will come to nothing, and will be for ever bringing out romances and confusion. Its transactions will only confirm and fill up, bit by bit, Hahnemann's pathogenesis. It must needs enter into Hahnemannism in its integrity. It will be our posterity that will gain all that heritage; their fathers have as yet too much passion, prejudice, and party feeling against homœopathy; they have too deeply pledged themselves personally against the doctrine and its disciples, to strike their colours with a good grace. The complete triumph of Hahnemann's views is, at the present day, only a question of time.

And to return to *Ipec.*, with what evident superiority does Hahnemann's doctrine shine *here,* and how perfectly right the great master was in treating, *de actionibus positivis medicamentorum!*—the positive action of *Ipec.* on the healthy subject is simply asthma, a form of spasmodic

bronchitis, probably pulmonary congestion as a lesion, and possibly pneumonia. Such is the result of the experimental method.

And the conclusion is, that this *Ipec.* which produces all these positive effects, is the remedy of similar maladies; which results from the experimental method in this clinical region.

The homœopathic school has defined with great accuracy the employment of *Ipec.* in a certain number of pulmonary maladies. Let us begin by citing Hahnemann, who prescribed *Ipec.* in the chill preceding a fit of suffocation. It would be important to verify this action in the appalling pulmonary congestions which sometimes cause death so rapidly, in consequence of being seized with cold on coming out of doors from a ball or other highly heated place.

Hahnemann also said that, in virtue of the series of *Ipec.* symptoms, that it ought to display specific efficacy in spasmodic asthmas of the paroxysmal type, and in choking spasms.

In asthma, according to Kafka, the indication of *Ipec.* is cyanosis supervening during the fit, with frequent dry cough, cold sweat on the face and extremities, when, moreover, there is constitutional vomiturition, and nausea, or even vomiting, after the cough.

Petroz (*'Etudes de Therapeutique.'* Ed. Cretin, p. 327) prescribed *Ipec.* for asthma *when there is great spasm.*

It is a matter of experience that *Ipec.* is the principal remedy for emphysema, not only during the fit of asthma, but also in chronic dyspnœa. It directly counteracts the dyspnœa and the cough; commends itself especially in the dry spasmodic cough of old persons, coming on in fits particularly at night, after going to bed, or after dinner, and which habitually tends to pulmonary emphysema (Müller). Meyer prescribes it in the asthma of emphysematous subjects, when auscultation detects a considerable quantity of mucus accumulated in the bronchi, which the patient cannot by any effort throw up in sufficient quantity; and, at the same time, when coughing brings on nausea.

Several homœopaths have laid down the indications for employing *Ipec.* in catarrhal affections. Knorre prescribes it when the cough is dry, spasmodic, and capricious, provoked by tickling and irritation of the larynx, after coryza, at first dry and then flueut.

Ipec. is specially useful in spasmodic cough, with tendency to vomit, or with vomiting of whitish mucus, whilst mucosity is easily produced in the chest, and the cough produces sonorous and bubbling râles. This remedy is also applicable in dry spasmodic cough without vascular excitement (Lobethal).

I have found it especially useful in febrile cough, principally after *Puls.* and *Nux vom.* in women and children, when it supervenes on irregular periods of heat, during which the dry cough gets worse (Bernstein).

Ipec. is chiefly indicated in children, even very young, when they seem threatened with suffocation by accumulation of mucus; when the cough is spasmodic, or so intense as to hinder respiration, whilst the face turns red or bluish, and they grow stiff; when a sort of contraction is accompanied by a sensation of tickling at the entrances of the trachea; when the cough is quite dry; when expectoration is rare, or has a very bad taste, provoking nausea and vomiting, and when they throw up mucous matter.

Besides these symptoms, it is suitable, too, when there is pain in the abdomen, especially about the navel, or pressure on the bladder, hindering the passage of urine, beating in the head, or in the pit of the stomach, or a sense of excoriations in the chest; and when after the paroxysm of coughing respiration continues short, and the forehead streams with perspiration; aggravation on going into the open air (Hering).

I have seen *Ipec.* succeed, particularly in catarrhal coughs, where, instead of irritation, there was more of asthmatic affection (Käsemann).

Hirsch has found benefit from *Ipec.* in two cases of violent spasmodic cough, when the patients could not cough soon enough at first, and covered the mouth with their hands that they might not inhale too much air.

Veit Meyer prescribes it in bronchitis with loud mucous râles perceptible by the stethoscope, or by the ear at a distance, with difficulty of expectoration, when the cough is accompanied with nausea, and even vomiting, or there is an oppression which is relieved by abundant expectoration.

Cl. Müller repeats this in substance.

Ipec. is particularly recommended in acute catarrh of children, where the cough is suffocating, with congested and bluish face, and loss of breath, or when accompanied by nausea and vomiting, or provoked by a tickling in the larynx, with throbbing of the head and heart, and longing to pass water.

Vomiting (Gerner) and the complication of asthma in emphysematous subjects (Trinks) have determined the employment of this remedy in influenza (*Grippe*). As in allopathy, *Ipec.* has been prescribed and employed in whooping-cough.

Rückert, in his *Klinische Erfahrungen*, has analysed the observations of eight physicians in the treatment of this malady by *Ipec.*, and thus resumes the various characteristic conditions which have been formulated by them, viz. cough coming on after a meal, especially p.m. (Schrön); cough excited by each inspiration (Hartmann); tickling and constriction of the upper part of the trachea, coming on in the open air (Hering); sudden (precipitate) fit of coughing (Hartmann, Gross); failure of breath (B.); danger of asphyxia from mucus (Bethmann); anguish from choking (Hering); eyes starting out of the head (Bethmann); face bluish red (Hering, Bethmann); buccal and nasal hæmorrhage (Bethmann); efforts at vomiting (Hartmann, Hering); fit ending with vomiting of food (Schrön, Käsemann, B., and Bethmann). The last named has often seen the patients swoon during the fit.

Schrön, Käsemann, and Bethmann have especially studied epidemic whooping-cough. Rückert longs for still more characteristic indications of this medicine.

B. and Bethmann have seen *Ipec.* succeed very well after *Drosera.*

Ipec. is especially indicated in violent fits, with the face

turning blue, epistaxis, and throwing up of food (Clotar Müller, *Die Hom.*, 1851).

Ipec. if the cough is convulsive, violent, with bluish face and epistaxis (Noack fils., *Guide Hom.*, 1865).

Mayer thinks *Ipec.* especially suitable when there are excessive fits of vomiting endangering the child's life, and degenerating into hæmatemesis, when there is a difficulty in getting rid of bronchial mucus with some dyspnœa, and equally if there is a complication of the saburral condition.

Such are the principal indications furnished for *Ipec.* Most of the observers think it cannot, in general, suffice alone for the cure of whooping-cough, being only an occasional ("intercurrent") remedy applicable under the above-named conditions. I conclude all my quotations with Kafka:

"When the fits are accompanied with cyanosis (which, according to my observations, occurs in catarrh of the bronchial ramifications, as may be ascertained by attentive auscultation) and when the cyanosis continues some time after the fit is over, the case is suitable for *Ipec.* 3, *Tartarus* 3, *Veratrum* 3, *Carb. veg.* 6, or *Lach.* 6. We administer *Ipec.* when the convulsion of the glottis continues so long that the child remains for a time without respiring; when the cough is dry, and there is vomiting after the fit without expelling much of the bronchial mucus; when the fit is followed by a certain degree of dyspnœa which continues a good while, and when râles with small bubbling are heard in the back at the lower part of the thorax. We give four, six, or eight drops of the medicine in a half glass of water, to be taken every hour or every two or three hours by a teaspoonful at a time. In these cases we can positively state that its action is very certain and rapid" (*Die Hom. Therapie*, 1865).

In that spasm of the glottis which we can refer to the thymic asthma of Kopp, or the acute asthma of Millar, *Ipec.* is still one of the principal remedies, with *Bell.*, *Verat.*, and *Arsen.* It may be administered in a lavement (a few drops of the 1st dilution) even during the fit, in case its

introduction by the superior passages is rendered impossible; this remedy is then indicated by cyanosis and chilling of the extremities (Kafka). The author has published a very good article on the subject in *Hom. Vierteljahrschrift.*

The use of *Ipec.* in croup and pneumonia has been very little studied by either school, though the remedy seems to deserve particular attention in those two maladies.

Dr. Teste alone among homœopathists has insisted on this application of it. "If," says he, "the action of *Ipec.* is of short duration, there is no medicine that acts more promptly and decidedly. The throat, the stomach, the salivary glands, the thyroid body, the abdominal glands, *i. e.*, the pancreas, liver, and spleen, the mucous follicles of the larynx, trachea, and bronchi; lastly, the heart and the head, appear to be simultaneously and almost immediately seized. Hence I naturally infer that *Ipec.* corresponds essentially with acute affections of short duration but of rapid progress, and consequently susceptible of acquiring, in a very short time, a high degree of intensity, such as croup and pneumonia.

"In almost all cases of diphtheria (angine couenneuse), where the allopaths have had the happy inspiration of giving *Ipec.* or *Emetic tartar* the preference over bleeding, they have had reason to applaud themselves. But the success of that treatment, violent and sometimes dangerous or impotent as it is, just because of the excess of the doses, did not depend, as they supposed, on the vomiting which they seldom fail to produce. Independently of the symptoms perfectly analogous to those observed in croup (see Hahnemann's *Pathogenesy*) *Ipec.* exercises a violent and very characteristic effect on the mucous membrane of the pharynx, larynx, trachea, and probably of the bronchi. At any rate I have seen it arrest, and in some cases with magic promptitude, the following symptoms too often not to be convinced that it would be apt to produce the same; I don't say in adults, but in children.

"1. Rapid congestion of the mucous membrane of the pharynx, and probably of the larynx and trachea.

"2. Secretion on the inflamed surface of that membrane,

of a thick, plastic, whitish, nauseous humour, appearing at first under the form of small white or greyish points, either on the tonsils or the velum of the palate or the pharynx.

"Now let us join these phenomena with the symptoms above named, and we shall have as complete an image as possible of diphtheria.

"Also cures of croup by the aid of *Ipec.* dynamised, or of *Ipec.* and *Bryonia* given alternately in accordance with my method, are already very numerous and are being multiplied daily. Further, it is not indispensable, far from it, that the inflammation of the larynx, and more generally of the air-passages, should be accompanied by plastic exudation causing the formation of false membranes, in order that the inflammation should call for the employment of *Ipec.* It is almost exclusively indicated in all cases of *acute* phlogosis of the throat, bronchi, trachea, and even the parenchyma of the lungs from any cause whatever; when the patient is a child from six months to ten years, florid, sanguineous, petulant, and especially if it is at night that the malady breaks out or has its paroxysms. I have seen, in the conditions which I am describing, pulmonary congestion and simple pneumonia, once in an infant of ten months, consequent on the repercussion of scarlatina eruption, yield as if by magic to the influence of *Ipec.*, when *Bell.* had proved inert." (Teste, *Systematization pratique de la Mat. Med. Homœopathique*, 1853.)

Ipec. has often been employed in pneumonia by the allopaths. Some treatises on *Materia Medica* speak of it. Dubois prescribes it for catarrhal peripneumonia, and even in œdema of the lungs. Jahr indicates it in small doses in pneumonia, and Vogt in convalescence of the same disease, as well as in its chronic form. Broussonnet has rendered the employment of it quite common in the school of Montpellier. It is also used in the great hospital of Vienna in association with *Tartar emetic.*

However, one may say that to this day the indication of *Ipec.* has never been precisely formulated in the treatment of pneumonia, though it merits particular attention in that

disease, just because it is emeto-cathartic, and it is in that class that one finds the best remedies for fluxion of the chest. Vogt also rightly acknowledges that it has a specific action on the chest, because it sometimes leads to irritation of the bronchi, hoarseness, cough, hæmoptysis, and oppression, and, on the other hand, inflammation of the lining of the bronchi and sanguineous congestion of the lungs have been produced. We know that Magendie was able to determine pneumonia in dogs by poisoning them with *Emetine*.*

The pathogenesy of *Ipec.*, in regard to its symptoms and its pulmonary lesions, positively indicates its employment in pneumonia, and it is to be regretted that on every side it has not been better studied in those cases. We have already cited the observation of Dr. Lavater, in the case of a servant seized with pneumonia in consequence of inhaling *Ipec.* powder.

There are still further applications of this remedy. Reid used to give it in phthisis; Sachs in pituitous phthisis. Richter, even in hydrothorax, recommends it as a palliative. All which applications would require to be verified *de novo*. We will hereafter speak of its use in hæmoptysis.

Bönninghausen has justly placed *Ipec.* amongst first-class remedies of dyspnœa and orthopnæa, a classification which is duly confirmed in clinical practice, in the series of maladies which we have enumerated.

* Magendie's experiments seem to be contradicted by the very recent ones of M. Pecholier. Where Magendie had seen *Ipec.* or *Emetine* produce the anatomical lesions of pneumonia, Pecholier found the lungs *pale, colourless, almost bloodless.* It may be replied to this that Magendie tried them with dogs and Pecholier with rabbits and frogs. One may say again, with M. Jousset (*Art. Médical*, Mars, 1863), that the dogs of the College of France did not die till the fifteenth hour after they were poisoned, whereas Pecholier's rabbits died very rapidly—and then the poor frogs!! they say nothing of their period—in good time, I suppose. What a jump in the animal scale to draw conclusions as to man from frogs! The positive experiments of Magendie cannot be at all contradicted by the negative ones of Pecholier. The rabbits of Montpellier, in regard of the law of contingence, were not *obliged* to have fluxions of the chest and then—they were just rabbits. We shall presently see *Ipec.* produce hæmoptysis in man—an experimental fact vastly superior to those of the rabbits, dogs, nay, even frogs!

Manget seems to me to have been the first to apply *Ipec.* to the treatment of hæmorrhage except that of dysentery. After saying that he has seen it succeed in dysenteries when *the blood flowed profusely* and in simple diarrhœa, he tells us he has cured by the same means hæmatemesis, serious cases of hæmoptysis, hæmaturia, hæmorrhoidal discharges, and obstinate and excessive epistaxis.

It is in uterine hæmorrhage that Manget particularly extols the virtues of *Ipec.*; and he cites to that effect the case of a woman in her fourth pregnancy, who was seized with a considerable hæmorrhage about the third month, and whom he cured rapidly by causing her to vomit with one drachm of the powder.

What could have led Manget, besides the law of similitude, to employ *Ipec.* in hæmorrhage unless it were analogy, from seeing dysenteric hæmorrhage yield easily to that remedy, and also the astringent power ascribed to it by the first authors who had spoken of it, as Guillaume, Pison and Pomet? Subsequent observers seem to have been guided by the same ideas as Manget in the application of *Ipec.* to hæmorrhage; they have verified and confirmed the first words of that author, and it is a remarkable fact that although Manget first indicated its employment in that class of maladies, not one of his followers have ever honoured him with a citation! Yet he eminently deserved such honour, for on that point of pharmacodynamics he was from the very commencement more complete and exact than any who came after him.

Manget was in communication with Baglivi, and had communicated his results to him by letter; and it is on that testimony and that of Sherard, an English physician, whom he met with in Italy, that the Italian physician declared *Ipec.* an infallible remedy, not only in dysentery, as was proclaimed with emulation on all sides, but also in other hæmorrhages.

In 1714, Horn, in his *Botanologia medica,* indicates *Ipec.* for "mensium fluxus immodicus." Was this under the inspiration of Manget? One may believe so; Horn is a mere compiler.

Barbeyrac in *Medicamentorum constitutio* (1751) prescribes it in great hæmorrhages, in immoderate hæmorrhoidal or menstrual discharge as well as in hæmoptysis.

In a thesis of which we shall hereafter speak (1754), Gianella recommends *Ipec.* as the best and surest remedy in pulmonary and uterine hæmorrhages. Vogel catalogues it in his *Materia Medica* (1764).

It was reserved for Dalberg, a Swedish physician, to call the more particular attention of practitioners to this medicine by his experiments in metrorrhagia,* and by his method of employing *Ipec.* in a dose barely exciting nausea.†

Five years after this he wrote to Murray on the subject, congratulating him more and more on the excellence of his method. Bergius, Guldbrand, Paulizky, repeated the experiments of Dalberg and were able to report cures. Murray also speaks of having cured a woman of uterine hæmorrhage who was not pregnant. In a *résumé*, the learned author of the *Apparatus medicaminum* extols *Ipec.* in profuse menses, in metrorrhagia consequent upon prolonged suckling, in that of women pregnant or newly delivered, in hæmorrhages after miscarriage, or consequent upon accouchement. Manget professes to have verified the remedy in these various conditions, and always with success.

Dalberg also administered it with good result in a case of hematuria. Vicat, on his part, cites one example. Tode, Meyer, Arzheim, produced cases of hæmoptysis cured by it. De Meeza and Carminati close the series of observers of the eighteenth century, who attest the value of *Ipec.* in hæmorrhages. Let us also notice Starke, who has extolled it in his numerous works on accouchements, as well as Stoll

* Dalberg in those days published five observations in the *Acta Hafniana* (*Copenhagen Transactions*). *Ipec.* was administered in a small dose in the first case, one third of a grain four times each hour; the patient took barely a whole grain. In the third case two and a quarter grains were swallowed; and in both cases these minimal doses sufficed to stop the hæmorrhage.

† In 1774 Saxtorph, in his dissertation *De sanguine et fluxu uterino*, also published at Copenhagen, gave an observation of metrorrhagia cured by *Ipec.*

in his *Prælectiones.* De Haen cites the following case to demonstrate the value of *Ipec.* in hemoptysis:

Observation xii.—A young man of twenty, of slender phthisical frame, consulted me in the autumn of 1778 for various affections arising from foulness of the *primæ viæ.* He had several times before coughed up blood and now did so every morning, which however he concealed from me, until at last I witnessed it myself at my third morning's visit. His bowels had been relieved, and bleeding had been tried by my advice, and all suitable remedies employed, but in vain. At last, on the sixth day I administered a quarter of a grain of *Ipec.* root with white sugar, every quarter of an hour.

At once the hemoptysis was checked, when he had but taken one and a half grain of the medicine, and no such symptoms returned. An apprehension of phthisis was afterwards removed by Selters waters (*P. De Haen Prælectiones,* t. ii, p. 537). At the beginning of this century Holz gives an instance of metrorrhagia in a woman who had been nursing for six months. It had resisted various remedies when *Ipec.*, a quarter of a grain every quarter of an hour, stopped the hæmorrhage.

The application of *Ipec.* on an antihæmorrhagic was widely spread fifty years ago, for Jahn said that the majority of modern physicians had confirmed the experiments of Dalberg in hæmorrhages (*Praktische Materia Medica,* Erfurt, 1814).

In a case of asthenic metrorrhagia various external means had been employed without effect, when *Ipec.* was administered in an emetic dose in order to combat, as an intercurrent remedy, a state of gastricism. The very first fits of nausea were followed by diminution of the hæmorrhage, which after several vomitings ceased entirely. Encouraged by this result, Dr. Zengale employed the same treatment with success in four similar cases (*Würtemb. med. Corresp.*, 1834). In the same year Drs. Wentzel and Mapper especially recommend *Ipec.* in metrorrhagia (*Sanitätsbericht über das Fürstensthum Hohenzollern Sigmaringen*).

Osborne (*Dublin Journal*, 1840) strongly commends *Ipec.* in metrorrhagia, and has seen it succeed in a serious case of epistaxis. Thierfelder extols it in passive metrorrhagia, where according to him it has not the disadvantage of ergot of rye (*Secale cornutum*), which often gives rise to specific symptoms. In the same journal, Trevor expresses regret at the disuse of *Ipec.* in hæmorrhage. He cites three serious cases of hæmoptysis and three of hæmatemesis cured by this medicine, always administered in a refracted dose. Higginbottom (*Lancet*, 1845) has published a case of metrorrhagia after childbirth cured by *Ipec.*

Trousseau writes—"We have often given it with success in uterine hæmorrhages, but especially in those connected with pregnancy. We remember also a woman who was spitting blood almost daily for more than a year and a half. Every known means had been tried in vain; we gave *Ipec.*, and the hæmoptysis ceased for nearly three months" (*Traité de Therapeutique*).

Folchi, in his *Traité de matière medicale*, cites on the subject of hæmorrhage the following passage from Bergius on Dalberg's method: "By the same method I have cured several women, even where I had found them almost exhausted by protracted uterine hæmorrhage, and have often observed with admiration how *Ipec.* cures without relapse, and thus acts in this disease *as a true specific*; for I have sometimes seen women relieved and subsequently cured after a few doses." The Roman physician adds that he has seen several examples of this effect of *Ipec.* in his own practice (*Materia Medica*, Milan, 1841).

Pereira considers *Ipec.* one of the surest remedies in *excessive menstruation.*

Graves, in our own day, has especially extolled *Ipec.* in hæmoptysis; I quote the Irish doctor as follows:—"After bleeding, the agent in which you should place most confidence in hæmoptysis is *Ipec.* Give it in doses of two grains (twelve centigrammes) every quarter of an hour, till some amelioration occurs; then every half hour, or every hour, till the hæmoptysis is stopped.

"It would be a mistake to ascribe its hæmostatic efficacy

exclusively to its nauseous effects, for *Tartrate of Antimony* also causes nausea, and yet does not succeed so well. Richter, author of *German Elements of Surgery*, was the first* to make the specific action known; and Dr. Sheridan, of Dublin, has shown that it may be prescribed with success in hæmatemesis, even when it acts as an emetic. This valuable agent exerts the same influence on intestinal hæmorrhage, as I have often proved in this hospital. I even prefer, in this respect, *Ipec.* to *Acetate of lead*" (GRAVES, *Lectures on Clinical Medicine*, t. ii, p. 213).

OBSERVATION XIII.—M. C—, æt. 30, of strong constitution, had enjoyed good health till, in July, 1830, he felt a slight difficulty of breathing, with a little cough when he walked quick. To this he paid little attention, attributing it to his corpulence, which had proceeded to some extent. One morning, just after rising, he took a fit of coughing, and threw up a quantity of bright red blood. He continued to cough up blood during part of the day, and when I arrived had lost about two quarts.

The first day I took twenty-four ounces from the arm at two bleedings: prescribed *Digitalis*, an aperient, rest, and a horizontal posture. Next day he complained of great heat in the chest, with a sensation of constriction, and again expectorated some bloody sputa. A large blister was applied on the thorax. Next night the hæmoptysis returned with fresh intensity, and he lost about a quart of blood. I bled him again, and ordered two grains of *Digit.* and one grain *Acet. plumb.* every two hours. Next morning fresh hæmorrhage; gave up the two medicines, and gave a great quantity of *Sulphuric lemonade.* The least movement, even raising the head to drink, brought on a fit of coughing and spitting of blood.

His strength failed rapidly. Prescribed *Emetic Tartar* in a dose capable of nauseating. The hæmorrhage and other more alarming symptoms disappeared immediately; but in

* Graves is in error here: Dalberg initiated this nauseating or "alterant" method, as it was called, formerly. The Germans still speak of *Ekelcur.*

about four days, though the *Tart.* was given in strong doses, it had ceased to nauseate, and hæmorrhage had reappeared.

Same treatment three days longer without success. At last the good effects which the *Tartar* had produced led me to try *Ipec.* The very first dose stopped the hæmorrhage, cough, and dyspnœa. *Ipec.* continued, with orders to keep up the nausea, and provoke it when he felt the hæmorrhage coming on, of which he was apprised by a sense of heat in the chest. He continued this treatment for three months, and could then bring on nausea by a dose as weak as the first, and with this advantage, that this medicine produced less prostration of strength, and that the profuse perspiration caused by *Tartar* had at once disappeared. The cure was complete, and has continued ever since (TURNBULL, *The Lancet*, 1857).

The author says he has observed several similar cases where *Ipec.* was tried with the same success; and he considers it has the advantage over *Tartar* in retaining the nauseating power longer (the organism not so soon becoming habituated to its action), even when given in minute doses.

Whatever becomes of these testimonies which I have cited in considerable numbers, I can affirm that for fifty years the indisputable value of *Ipec.*, both in general hæmorrhage, and particularly in metrorrhagia, has been much forgotten in ordinary practice.

Thirty years ago Merat and Delens (*Dict. univ. de matière médicale*) passed over this valuable agent in silence, referring to Murray to see in his work the series of affections in which it had been supposed to be indicated; but *is laid aside now-a-days* by the profession. We have just seen the little importance ascribed to it by Trousseau, since he only speaks of some attempts, with naming the previous tradition. On the other hand, all the treatises on midwifery which I have seen, either in France or abroad, are silent on this point, and are satisfied with *Ergot of rye,* and sometimes *Opium*, after the English fashion. Now, this is a forgetfulness to be regretted on behalf of medical practice. It is thus that we deprive ourselves daily of remedies possessed of positive powers, whether through ignorance or pride. Thus therapeutics go

on.* It is not exactly thus with the homœopathic school, which is the true conservative of all our pharmacodynamic traditions.

It is entirely by resting on the pathogenetic facts that Hahnemann, in the preface to the *Pathogenesy of Ipec.*, indicates "hæmorrhage" amongst the various spheres of action of this medicine. Hartmann declares that it is one of the most important remedies in hæmorrhage after child-birth, which is repeated by Hirschel. Kafka indicates *Ipec.* in epistaxis of a venous organ, which takes place in emphysema; also in epistaxis of infants, and that which is accompanied with fainting, wiry pulse, and cold extremities. He recommends it equally in hæmoptysis by venous stasis, where there are sibilant râles, cough without effort, spasmodic cough, provoking nausea, oppression, cyanosis, strong palpitations, cold sweats on the face and extremities; and also in hæmatemesis, with frequent nausea.

The literature of homœopathy offers some observations of various hæmorrhages, successfully treated by *Ipec.*

Patzak cites three cases of menstruatio nimia, arrested by *Ipec.* 3 (*Archiv.* t. xix.).

Observation xiv.—A young girl with every appearance of health had quite lately menstruated four times in seven weeks, and the last time so seriously that the blood passed in large clots, and such a quantity of black fluid that it left footprints after her, and brought on swooning, loss of consciousness, vomiting of mucus, with cold skin looking like

* To confirm what I have said, and to show how tradition has been forgotten in this case, it will suffice to quote from a very recent work on the subject of menorrhagia. "Lastly, we will mention one other method, viz., by emetics, as having been recommended by several physicians. They administered *Ipec.* and even *Tartar* at intervals of some days. If we speak of this method it is not so much with a view to recommend it as to warn physicians against the danger of emetics in cases of menorrhagia, when they may think it necessary to employ them. Frank does not dare to prescribe them in menorrhagia, but extols the use of *Ipec.* in doses of five or six centigrammes three or four times a day. In passive menorrhagia the celebrated professor of the old faculty at Wilna prescribed Dover's powders, whose effects he had ascertained in a great number of cases."—(Raciborski, *Traité de la menstruation*, Paris, 1868, p. 599.)

wax, blue lips, small pulse hardly perceptible. It was a congestive hæmorrhage. *Ipec.* 2, 4 drops to 120 grammes of distilled water, a spoonful every quarter of an hour, triumphed over this hæmorrhage in six hours (TELLER, Prag. Monatschrift, iii, p. 101).

I have just been treating a girl of fifteen, who also had menstruated excessively and constantly for more than a month. The discharge was speedily stopped by four spoonfuls of water per day from a tumbler glass of water containing four drops of *Tinct. Ipec.* It is probable that repeated observations will hereafter confirm the assertion of Pereira, who considers *Ipec.* to be one of the surest remedies in such a case.

We have already quoted Zorn and Barbeyrec on the subject.

The observations on metrorrhagia are rather more numerous. Patzak has succeeded in one case of uterine hæmorrhage accompanied with great debility and leucorrhœa during the intervals. More than a century before, Gohlius (*Medicina practica*, Lipsiæ, 1735) said, in speaking of *Ipec.*, "Medetur hæmorrhagiis uteri ac fluxui albo, in quo posteriori quasi pro specifico habetur."

Vehsemeyer cured rapidly, with *Ipec.* 1, a metrorrhagia of nine months' standing, which had resisted divers remedies.

Kallenbach reports a case of a woman who was put to bed and safely delivered; and, although the uterus had been completely everted, it was as hard as a ball, with the orifice no more than a quarter of an inch wide, yet so copious a hæmorrhage went on for two hours that it became alarming. *Ipec.* 1, five drops every ten minutes, and in a quarter of an hour the hæmorrhage had abated, and the lochia appeared in an hour.

The same physician also succeeded with *Ipec.* in metrorrhagia after a third month miscarriage. The loss of blood at first was enormous, causing extreme weakness, inability to speak, face like wax, weakness of sight, desire to vomit, swooning on attempting to sit up: the hæmorrhage continued; *Secale* and *Ipec.* failed to avert the miscarriage or the loss of blood. Two doses of *Ipec.* then sufficed to stop it. In about

twenty-four hours the uterus had returned to its natural condition.

Observation xv.—Mrs. B., æt. 24, strong, and of a good constitution, having kept her times regularly since she was fifteen, married three months, pregnant six weeks, and in full health, was seized, after washing all night long, with abdominal pains and heat in the epigastrium and vertigo. Flooding soon followed, with shooting in the kidneys, weakness and heaviness of the thighs, and general debility. She thought it was the return of menstruation, but the flooding increased hourly, soon passing through the mattrass and palliasse, and flowing in abundance under the bed. The colic increased, face grew pale, and the eyes encircled with blue. Miscarriage took place P.M. in the midst of most acute pain; the hæmorrhage became more serious; pains in the heart followed with dryness of the mouth and great thirst; her family were in fear for her life. They sent for me in great haste: she was so exhausted that she could hardly speak. Knowing the rapid action of *Ipec.*, and resting on the "similitude" of some symptoms, such as vertigo, pallor, nausea, and the sense of epigastric debility, I gave one drop of the second dilution.

In six minutes she felt heat in the epigastrium; in fifteen, the pains abated, and an hour after the hæmorrhage stopped. The following night she slept quietly, and on the third day left her bed (*Annalen der Hom. Klinik*, t. I., p. 271, 1830).

Käsemann has also reported a case of miscarriage in a woman, æt. 40, which had taken place four months previously, and ever after there had been a slight loss of blood, when an alarming hæmorrhage took place with the usual symptoms besides vomiting after the least drink. After a few doses of *Ipec.* every four hours the pains, vomiting, and bleeding all ceased (*Hom. Vierteljahrschrift*, t. v., p. 68).

Let us here notice five observations of hæmatemesis by Bethmann, Emmerich, and Goullon. The latter has contributed three, which are the most interesting.

A young girl in full health was seized, after violent

chagrin, with pressure on the epigastrium, dyspepsia, and nausea; a week after, in consequence of some opposition, vomiting came on, first of clotted, then of fluid blood—about two pounds—with pallor, loss of pulse, and fainting; then about half a pound more blood thrown up. *Ipec.* 1 in one ounce of distilled water, a teaspoonful every half hour. After second dose, blood was thrown up, followed by amelioration; an hour after, bloody mucus; in two hours more, simple mucus. Cured in a few days. Dr. G. cites two other similar cases (*Zeitschrift für hom. Klin.*).

Observation xvi.—July 2nd, 1832. I was summoned in haste to Mrs. D., who was suffering since the evening before from considerable hæmaturia; she was weak and exhausted, and like a corpse. Her age was 54, of good constitution, and always in health hitherto. Menstruation had ceased for six months without inconvenience, and she had never any flooding.

She had, some weeks before, taken a journey, during which she was chilled, and for some days felt ill all over. The above malady had set in July 1st. She felt very weak, and could hardly move about from vertigo, confused ideas, and severe pain in the kidneys, with heat in the lower bowels as if hot water were poured into them. Towards evening, violent pain in the abdominal region and on the bladder, with desire to urinate. Soon after passing scalding urine, she noticed that it consisted of blood, both fluid and clotted. Her weakness increased, and she had to keep her bed. In the evening she took a little soup without appetite. Stools regular: slept for several hours, but with dreams and no refreshment. Passed urine three times in the night; always blood, about a quarter of a pint.

July 2nd.—Wished to get up, yet too weak to stand. Feet quite cold, and as if paralysed; head very stupefied, could not sit up; more blood passed than before, followed by a swoon: deadly pallor. I found her pulse hardly perceptible, with cold extremities. She could hardly speak; complained of heaviness of the head, uneasiness, and inclination to vomit, pressure on the pit of the stomach, pain in the lower

bowels and kidneys, weight and cold of the feet, and constant micturition. I pronounced the case hæmaturia. A white cloth dipped into the discharge convinced me that it was mere blood. *Ipec.* 2, one drop. The uneasiness increased; no vomiting. In an hour clear urine passed. In three hours she could get up, and suffered no more. No relapse (GASPARY, *Annalen der Hom. Klinik*, t. iii., p. 421).

Such are the clinical facts which favour the application of *Ipec.* in hæmorrhage. Now has this *usus in morbis* its reason or its indication in the physiological facts? is it justified by the law of similitudes? Although few, yet some pathogenetic facts do exist which tend here to corroborate the position of the *simile*.

Hæmoptysis caused by *Ipec.* has been noticed by Homberg, Geoffroy, James, Scott, Murray, and Martius; bloody stools and hæmaturia by Scott. Hahnemann indicates "red urine" in its pathogenesy. Do all the facts already reported in this memoir justify Hahnemann in having said, in a note on the pathogenesy of *Ipec.*, that one of its primary actions is to produce hæmorrhage by *all* the passages? He probably grounded his assertion on all the pathogenetic facts affirmed before him and on Scott's observation, already cited, where we see menstrual hæmorrhages produced by *inhaling Ipec.** as well as hæmoptysis, hæmaturia, and bloody stools. However small be the number of facts, it is certain that the use of *Ipec.* in hæmorrhage speaks loudly enough here to confirm the law of similitude. Not but what we must wish for *more* physiological facts to the point; and we must act in this case as Attomyr does, who, looking to the *usus in morbis*, declares that metrorrhagia is in the sphere of *Ipec.*, though but a single physiological fact be cited, viz., that by Scott. However, if the law of similitude shines with such luminous evidence regarding asthma, we must

* It is remarkable to see Linnæus in his *Materia Medica* assigning emmenagogue properties to *Ipec.* From the *simile* point of view, if that medicine is menorrhagi*fuge*, it ought necessarily to be also menorrhagi*gene*, *i. e.*, "emmenagogue." Such is the history of Rue and Savine, which physiologically produce hæmorrhage of the uterus, in accordance with these emmenagogue virtues, and which also, in the clinical sphere, are precious remedies of that very malady.

allow, considering the paucity of facts, that it is not so as regards hæmorrhages. A more attentive study of its pathogenesy and also direct experiments may hereafter succeed in filling up the present deficit. One thing which must greatly confirm the therapeutic value of *Ipec.* in hæmorrhage is the fact that Bönninghausen indicates it in the first rank in hæmatemesis, in bloody flux, in premature excessive menstruation, in metrorrhagia, and loss of blood independent of menstruation, in miscarriage, in hæmoptysis, in general in hæmorrhages. As to epistaxis, there is but one indication of *Ipec.* there, in the second rank. A second and valuable testimony is that of Schneider, who admits, as a third form of the medicinal maladies of *Ipec.*, hæmorrhage in general; under which he includes epistaxis, hæmoptysis, dysentery, hæmaturia, and metrorrhagia.

PROVINGS OF NITRATE OF URANIUM.*

By Edward T. Blake, M.R.C.S. Eng., Wolverhampton.

(*Continued from p.* 12.)

Proving XIV.

Healthy kitten (female), about three weeks old.

December 12th, 1867, 10 p.m.—Injected 5 drops of 2nd dec. dil. into left hind thigh.

13th, 8.30 a.m.—Urine normal.

19th, 9.30 p.m.—Temp. 99·6° F.

25th, mid-day.—5 drops of 2nd dec. into left thigh. Temp. 100·4.

January 19th, 1868, 8 p.m.—Temp. 100·8.

Feb. 19th, 9 p.m.—Temp. 102. Injected 1 drop of 1st dec. into left foreleg; occasional vomiting.

March 10th, 9 a.m.—5 drops of 1st dec. between shoulders; nutrition is nearly arrested.

28th, 1 p.m.—5 drops of θ between shoulders.

April 1st, mid-day.—5 drops of θ into right fore leg.

* The experimenter feels much pleasure in having an opportunity of thanking Dr. Eagleton and M. de Lessert for their very valuable assistance which was rendered with so much cheerfulness and courtesy.

4th, mid-day.—10 drops of θ into left fore leg.

15th.—Very thirsty the last few days; will drink any liquid, but rejects meat; much emaciated.

18th.—5 drops of θ under skin of lower abdomen; neither sugar nor albumen in urine.

May 15th.—Pithed at 3.30 p.m.—Bladder contained urine which was free from sugar and albumen; respiratory muscles exhibit marked tonic contractions, very evident vermicular movement of intestines; diaphragm active, even after respective section of

1st.—*Right vagus* below the *pericardium.*

2nd.—*Right vagus* above the *pericardium.*

3rd.—*Left vagus* below the *pericardium.*

4th.—*Left vagus* above the *pericardium.*

Right cardiac auricle contracts rhythmically; *spleen* healthy; *stomach* distended by food; *kidneys* pale but healthy; pericardium contains too much fluid.

Proving XV.

Kitten, same age, and treated in same way as preceding.

December 12th, 1867, 10 p.m.—5 drops of 2nd dec. dil. into left hind thigh.

16th.—Vomited white fluid.

17th, 10 a.m.—Died last night, marked *rigor mortis.*

Abdominal cavity contains coagulable fluid and other traces of peritonitis.

Stomach moderately full of serous-looking fluid of a reddish-brown tint; its internal surface was coated with viscid mucus;* pyloric end is much congested, the surface here is marked by arborescent vessels.

Duodenum.—Full of bile; there is a good deal of congestion near ilio-cœcal valve.

Liver.—Pale but healthy.

* This contained only mucous corpuscles and epithelial cells; it was searched in vain for *confervæ, mycelium,* and sporules; the stomachs of dyspeptic patients have been subjected to the minutest scrutiny by three most accomplished microscopists—Messrs. Goodsir, Busk, and Bowman. Of these Busk alone professed to discover any peculiarity; he found confervoid *mycelium* and sporules replacing the vibriones of the healthy stomach.—*Med. Gaz.,* Feb. 13, 1846.

Gall-bladder.—Full.

Spleen.—Healthy.

Kidneys.—Healthy but pale, cellular tissue surrounding them is infiltrated with a reddish jelly-like material.

Heart, nervous centres, and *respiratory apparatus* all healthy.

Proving XVI.

Kitten (female), same age, and treated in same way, as two preceding.

December 12th, 1867, 10 p.m.—5 drops of 2nd dec. dil. into left hind thigh.

18th, 9 a.m.—Died.

Examined at mid-day.

Omentum full of pink jelly-like material.

Stomach healthy, much corrugated, pale, with two patches of congestion near pyloric orifice, superficial ulceration in centre of one of these patches; microscope revealed neither vibriones nor confervæ.

Duodenum healthy, full of yellow fluid.

Jejunum healthy, full of brown fluid.

Ileum slightly congested.

Liver healthy; *right heart* distended with blood.

Brain, medulla, and *cord* healthy.

Proving XVII.

Kitten, a few days old.

May 15th, 1868.—1 drop of θ into rectum.

18th.—2 drops of 2nd dec. dil. into right axilla.

21st.—2 drops of θ into left axilla.

24th.—5 drops of θ between the scapulæ; it now refuses to eat.

25th.—5 drops into peritoneum.

29th.—At mid-day it was found lying extended on *left* side.

Liver and spleen congested.

Alimentary canal healthy.

Heart and lungs normal.

Bladder contracted.

Peritoneum contained purulent matter.

Proving XVIII.

Kitten, same age as preceding, and treated in same way.

May 15th, 1868.—1 drop of θ into rectum.

18th.—2 drops of 2nd dec. dil. into right axilla.

21st.—2 drops of θ into left axilla.

24th.—5 drops of θ between the scapulæ; it now refuses to eat.

29th.—Found dead, lying curled up on *left* side.

Bladder distended by amber-coloured urine, which was very albuminous, but contained no sugar.

Large veins unusually full of blood.

Alimentary canal healthy, round-worms in jejunum.

Liver congested.

Lungs healthy.

Proving XIX.

Kitten, same age as two preceding, and treated in same way.

May 15th, 1868.—1 drop of θ into rectum.

18th.—2 drops of 2nd dec. dil. into right axilla.

21st.—2 drops of θ into left axilla.

24th.—5 drops of θ between the scapulæ; it now refuses to eat.

29th.—Died; all organs healthy.

Urine slightly albuminous, pale in colour; it contains no appreciable trace of sugar.

Jejunum contains round-worms.

Proving XX.

Small spaniel pup.

April 22nd, 1868, 7 p m.—Injected 5 drops of θ under skin of right axilla.

————, 8 p.m.—Pulse 84; respiration 32.

April 23rd.—Died this morning, was found lying on *left* side.

————, 2 p.m.—Was opened.

Bladder healthy, moderately full of acid opaque urine, which contained neither albumen nor sugar.

Liver and *gall bladder* fairly healthy, perhaps slightly congested.

Stomach perfectly healthy, contained three round-worms and some grumous material.

Intestines contained much mucus and far more ***lumbrici.***

Pericardium contained much yellow fluid.

Heart.—Cavities stuffed with dark clots.

Lungs.—Left congested (hypostatic), right full of froth, which oozes out freely from the incised surface; this lung is much more collapsed than the left.

Brain and ***medulla***, &c., quite healthy.

PROVING XXI.

Terrier pup.

May 15th, 1868.—5 drops of θ into right hind leg.

„ 10 a.m.—Passed ½ oz. of urine, which was tested at 1 p.m., found to be neutral in reaction, free from sugar and albumen.

18th, 6 p.m.—Neither albumen nor sugar in urine.

20th.—Urine same.

June 10th.—10 drops of θ into left hind thigh.

20th, mid-day.—Neither sugar nor albumen.

23rd, 8.30 p.m.—5 drops of θ into right fore thigh, takes a little milk.

26th.—Large abscess in thigh, which was dressed with uran. nitrat. 1ˣ; the dog eats nothing.

29th, 1.30 p.m.—Urine slightly acid, but it contains neither sugar nor albumen.

—— 6 p.m.—Urine the same, passed some fæcal matter, orange coloured, and of a jelly-like consistency. I am indebted to W. Lascelles Scott, Esq., for the analysis of this fæcal matter; it was found to be more ***albuminous*** than average, and perhaps a little poorer in ***phosphates***; no ***lactin*** could be found, but distinct traces of ***glucose*** were present.

Pithed on the 30th, and, with the exception of the ***lungs*** and ***kidney*** being a little anæmic (starvation), every organ was perfectly normal.

I must freely confess that I am disappointed in this drug. It will be seen that I have not once established distinct diabetes in any instance. A persistent course of the nitrate for two months failed to produce one evidence of

sugar in the male prover. The salt was afterwards tested on both carnivores and herbivores, but in neither could it be said to induce saccharine urine. Although these experiments have failed to establish my confidence in *Uranium* as a remedy for diabetes, yet my attention was soon drawn to a peculiar condition of the intestinal tract of the animals poisoned by it. Ten rabbits were treated with the drug; in every rabbit, with the exception of one, there was a deviation from health in the state of the pyloric end of the stomach, EVEN WHEN THE POISON WAS INTRODUCED UNDER THE SKIN; in three of these there was found a gastric ulcer, in each case deep, well-defined and solitary. And in the case of one of the cats (Proving VII) two ulcers were discovered in the duodenum. The question naturally arises, Were these ulcers the result of starvation, or were they true pathological phenomena? Should they prove to be a specific effect, this drug will become a valuable addition to *Arsenic* and *Kali bichromicum* in our treatment of ulceration of the stomach and duodenum. That they are so I am inclined to think because

1st. The ulcers were solitary (or, at most, dual).

2nd. There was scarcely time (three days, Proving VIII) for abstinence from food to give rise to ulceration. And

3rd. Ulcers, the result of starvation, rarely commence in internal parts of the canal, but usually proceed inwards from one of its orifices.

The preceding experiments have led me, then, to these conclusions—

1st. That the *Nitrate of Uranium* will not cause the urine to become saccharine.

2nd. That the *Nitrate of Uranium* exerts a specific action on the circulation of the stomach and duodenum resembling that of *Kali Bichromicum* and *Arsenicum.*

3rd. That that action, which is usually ulcerative, is displayed to the most marked degree in the neighbourhood of the pylorus.

If the power of producing glycosuria be denied to this drug, it will be asked, "How, then, can the success of the *Uranium* treatment be explained?" *I think it must be*

attributed to the homœopathic rapport which exists between the pathogenesis of Nitrate of Uranium and the digestive symptoms so commonly seen in the diabetic.

It becomes an extremely interesting pathological problem to work out the relationship, if there be such, between diabetes and pyloric disease. It was noticed (note to p. 582) that this possible connexion has already attracted the attention of pathologists; and the subject has been nearly exhaustively treated, but without satisfactory issue.

Certain writers, as Prout,* Cullen, Rollo, Horne, Hodgkin, Bouchardat, Dobson, Austin Flint and West† (of America) have held that diabetes is purely a disease of digestion, and we know that (*a*) Certain articles of diet,‡ such as asparagus—salad,§ cheese, and other indigestible substances, possess the power of producing temporary diabetes. (*b*) Some causes that lead to ulcer in the neigh-

* Prout observed a congested state of the mucous membrane of the stomach and upper portion of the alimentary canal, in those who had fallen victims to this disease.

Mercury causes diabetes, combined with gastric disturbance. Swann finds that the only inflammatory lesion accompanying mercurial poisoning is inflammation of the semilunar ganglion.

Dr. Andrew Duncan and Dr. Percy enumerate, amongst the symptoms of diabetes, enlargement of the solar plexus.

Dr. W. Watts, of Nottingham, considers that the thirst of diabetes is due to a peculiar condition of the nerves of the stomach.

That mellituria is, at least, greatly influenced by the condition of the stomach and intestines, is evidenced by the fact that Rayer and Traube ascertained that no sugar existed in the *urina sanguinis* of some diabetic patients, when they obtained it in large quantities from the urine which had been secreted by the same persons during digestion (*urina chyli*).

McIntyre, at p. 376 of *Lancet* for April 7, 1846, relates some interesting cases of diabetes where the leading features were symptoms of the stomach, and the *post-mortem* lesions were confined to that viscus.

† *Assoc. Med. Journal*, Oct. 13, 1854, p. 916.

‡ An exclusively vegetable diet has been asserted to have caused diabetes; and the case is related of a priest, at a convent in the South of France, where the diet is of this character, having acquired the disease.—Dr. Garrod, *Brit. Med. Journ.*, April 18, 1857, p. 319.

§ We homœopaths might turn this hint thrown out by Dr. Harley to account, and employ asparagus in the treatment of diabetes.—*Medical Times and Gaz.*, vol. ii, 1865, p. 439.

Jessen, of Dorpat, rendered horses diabetic by feeding them with hay damaged by moisture.

bourhood of the pylorus are also productive of saccharine urine. Amongst these we may enumerate portal congestion (?), ague (?), ligature of the portal-vein (?),* a blow on the epigastrium (?), and exposure to extremes of heat† or cold.‡ (*c*) The same remedies sometimes give relief in diabetes and in dyspepsia.§

[This is quoted on the strength of allopathic authorities; in our practice *Arsenic* and *Phosphorus* might be given as examples.]

So much may be said in favour of a pathological connexion between these two diseases. On the other hand, we know that the appetite is poor in gastric ulcer, inordinate in diabetes. Women are more prone to ulcer, men to diabetes. The countenance of the patient suffering from an ulcerated stomach is suggestive in the extreme, whilst, until its latter stages, no peculiar change of complexion or expression has ever been attributed to diabetes.

In conclusion, I would say that I think we are far too much inclined to over-estimate the relative importance of the presence of a substance in the urine which has been proved (Bernard and Barreswill) to exist there normally, just as we over-estimate the relative importance of tubercles in the lungs, merely because they are visible and tangible. In a similar manner there was undoubtedly a tendency, when *Albuminuria* was first recognised, to give undue prominence to that phenomenon as a clinical sign, and to elevate it to a position which it has now ceased to occupy in our minds.

It is now known that sugar has been detected in blood ‖

* Müller, *On Corrosive Ulcer in the Stomach and Intestinal Canal*, Erlangen, 1860.

Syd. Soc. Year-Book, 1860, p. 225.

Canst. Jahrb., vol. iii, p. 183.

† Hill, H., relates four cases where diabetes occurred (like duodenal ulcer) in consequence of a burn.—*Arch. of Med.*, January, 1861.

‡ Bence Jones found that exposure to excessive cold greatly increased the amount of sugar in the urine of rabbits.—*Proc. Roy. Soc.*, Dec. 14, 1864.

This is confirmed by Brücke. Compare a case by M. Foster.—*Brit. Med. Journal*, October 19, 1861.

§ Braith. *Retros.*, xxix, p. 182; *Lancet*, January 21 and 28, pp. 66-96; *Monthly Journal of Med. Science*, March, 1854, p. 252.

‖ 'Blood of Phthisis,' Majendie, *Lancet*, Feb. 3, March 10, 1855.

and pus,* in the stools,† in sweat,‡ in saliva,§ and in the secretions of the bronchial mucous membranes.‖

There are certain morbid and quasi-morbid conditions¶ in which sugar is known to exist in the urine; amongst them may be enumerated concussion of the brain (Itzigsohn).**

Convulsive cerebral disease, and paraplegia (Leudet).††

Apoplexy (Pavy,‡‡ Amphlett).

Epilepsy, chorea, paralysis, tic, dentition, cataract (Goolden).§§

Dyspepsia and old age (Prout).‖‖

Stomach disease (McIntyre).¶¶

Pregnancy, parturition, and lactation (Blot).

Chloroformization (Cæsar Hawkins).

Neuralgia (Dundas Thomson).

Lactation (Brücke).

Hysteria (Alvaro Reynoso).***

Pertussis and hysteria (Gibbes and Jonston).

Old age (Dechambre).†††

Pneumonia and bronchitis (Garrod).‡‡‡

Probably any cause *that will arrest lung action*, or *mate-*

* In scrofulous and other abscesses, Gibb. loc. cit.

† Stools of cholera, Majendie, loc. cit.

‡ Sweat of cholera, Doyere, loc. cit.; also in the "melleous" breath of chronic thickening of mucous membrane of stomach and intestines.

§ *Medical Times and Gaz.*, Sep. 18, 1858, p. 292.

‖ *Med. Gaz.*, Feb. 12, 1847, p. 291.

¶ Dr. Harley enumerates amongst the causes of saccharine urine injury to the head, with or without fracture of skull; clot in the pons varolii; softening of the base of the brain; abscess of the corebellum, extending into fourth ventricle; tumour (size of a nut in left lobe of cerebellum); disease of the sympathetic nerve; tumours of the vagus; deposit of bony spiculæ in the falx; excessive brain work; intense grief; sudden mental shock; blow in the epigastrium; pregnancy; uterine disease; disordered digestion; exposure to cold.—*Med. Times*, vol. ii, 1865, p. 413.

** *L'Union Méd.* †† *Gaz. Med.*, 1842.

‡‡ *Lancet*, November and December, 1861.

§§ *Med. Times and Gaz.*, Dec. 10, 1859, p. 594. ‖‖ Loc. cit.

¶¶ *Lancet*, April 7, 1849, p. 376.

*** Op. cit., February and March, 1855.

††† *Prov. Med. Journ.*, May 26, 1852, p. 278.

‡‡‡ *Trans. Path. Soc.*, vol. v.

rially disturb the harmony of the assimilative functions, will cause the urine to become saccharine.*

Thus, we see what a multiplicity of causes, ranging through the three great spheres of the body—the digestive, the nervous, and the reproductive—have been observed to give rise to diabetes. This ought to teach us that just as melituria rarely appears as a definite, idiopathic disorder, so the search for an invariable specific must of necessity be vain. This *symptom* should be duly appreciated, but kept subservient; it will help us to select a remedy when it is present, but it should never close our eyes to the equal, or even greater, gravity of less interesting or less striking phenomena. Our Pharmacopœia is rich in remedies that cause a dry state of the skin—*thirst*, *diuresis*, bulimy, and so on. It appears to me that diabetes, a disease in which we can find no distinct pathological lesion, is essentially amenable to pure symptomatic treatment; and to that, perhaps, we shall always return from our "butterfly-hunts" after reputed specifics which ever elude our grasp.

ON EXOPHTHALMOS.

By Dr. Ker.

The word exophthalmos by no means describes the disease which is indicated by it. The disease is characterised by three groups of symptoms connected with the heart, the thyroid gland, and the eyes, whereas its name would lead one to suppose that the eyes alone were involved. Unsatisfactory, however, as the name is, it is, perhaps, less so than the others which have been given to it derived from the chief describers of the disease—Graves, Basedow, and Begbie.

The following case is interesting, more as one of that peculiar and not very common disease than as proving much

* Perhaps, as Bence Jones suggests, merely by arresting oxidation.

as to its pathology or treatment. It confirms some of the views expressed by those who have described it, contradicts some, and leaves others doubtful. It remained too short a time in my hands to establish much as to the efficacy of the treatment adopted, and yet long enough to show that the chief and nearly the only remedy used had the power of controlling the symptoms. That remedy was suggested by the anæmia being, which is not always the case, a very decided feature, Trousseau having described several cases in which there was no anæmia and in which bleeding and other antiphlogistic means cured.

Miss E. P—, æt. 16, a tall and overgrown girl, consulted me on October 18th of last year. Her appearance was decidedly anæmic, and the gums were as bloodless as the skin; the gums were also ulcerated, and the lips pale. The whole surface of the body was abnormally cold, and the hands and feet especially so. There were frequent nausea and vomiting and vertigo; sharp stitch in the left side; the catamenial discharge was regular; the appetite indifferent, except for dinner; no loss of flesh; pulse soft and rather quick; dyspnœa and palpitation of the heart on the slightest motion or exertion, or excitement, the palpitation or pulsation being felt and noticed quite as much in the neck as in the chest; very prominent eyes, giving the impression of their being too large for the sockets or the sockets too small for them; the conjunctivæ of a glistening mother-of-pearl hue; staring expression, and altogether the eyes looked more like glass or large dolls' than human ones; there was no pain nor tenderness in them, nor deficiency of sight. The thyroid gland was much enlarged, as much so as if she had been affected with bronchocele, and, on placing the hand upon it, a peculiar and harsh thrill was felt, which extended downwards towards the clavicle and upwards to the angle of the jaw on both sides, but especially on the left, in fact, along the whole course of the carotids. On examination with the stethoscope, a loud blowing or rushing systolic bruit was heard over the cardiac region, above and below the left clavicle, along the course of the carotids, and

over the thyroid gland; the heart's action was forcible and expanding.

I prescribed the mother tincture of the *Muriate of Iron*, as much butcher's meat as her appetite would admit of her taking and her stomach would digest, and as much wine as her head would stand.

October 22nd.—No great change of symptoms. In chapel two days ago, had nausea and faintness and vertigo. Good spirits, but little physical strength.

Repeat.

25th.—Feels better. Has had nausea and the sensation of faintness only once; the bruit and the thrill in the course of the carotids are much the same; has had slight cramps in the calves of the legs occasionally; the urine is natural in colour and the bowels regular; the eyes prominent as ever.

Repeat.

28th.—The pulse 90, and soft and full; no faintness till this morning, when it was accompanied by much prostration of strength, and probably caused by over-exertion; the thrill over the thyroid gland and along the carotids is gone, but the throbbing is great as ever.

Repeat.

November 1st.—Feels better in every respect, though the systolic bruit over the heart and carotids is heard as distinctly as ever.

Repeat.

5th.—The bruit much less distinct; no nausea nor vomiting; palpitation and dyspnœa much the same, on exertion.

Repeat.

13th.—Anorexia; nausea and vertigo again, and more palpitation of the heart; has exposed herself to the influence of cold since last visit; pain between the shoulders; pulse irritable; the catamenial discharge expected immediately.

Pulsatilla 3.

16th.—Catamenial discharge did not come on till yesterday, and was preceded by nausea and vomiting; feels better in every respect to-day.

Repeat.

21st.—The catamenia ran a natural course; less palpitation and bruit; thyroid glands reduced in size; feels altogether better.

Ferrum muriaticum ϕ.

28th.—The carotid bruit continues, but the thrill no longer felt on placing the hand over the thyroid gland or on any part of the neck; feels stronger and can exercise herself without dyspnœa and palpitation coming on; has more colour in skin and gums; the pulse is steady and natural in frequency; the eyes still staring and prominent; appetite natural, sleep good, and the bowels are regular.

Repeat.

December 5th.—Feels better and looks better; all the symptoms improved, though there is no change in the eyes; the carotid and cardiac bruit continues, but is less intense.

Repeat.

My patient after this last date returned to her home in Wiltshire, and I have heard nothing of the case since I last saw her, except once, from a relation in Cheltenham, to the effect that she was much better.

With the exception of the exophthalmos all the symptoms of this case were relieved by the iron, and even that symptom was somewhat modified. The thyroid enlargement was decidedly less at the end of the treatment; the thrill, on placing the hand upon it, gone, and the bruit scarcely perceptible. There was greatly less of the blowing sound above the clavicles and along the course of the carotids, and that over the cardiac region was also diminished in intensity. There was greater physical strength, and she was able to take exercise without inducing palpitation of the heart and dyspnœa. There was less of the anæmic appearance. The stomach's tone had improved greatly, the appetite being better, and the nausea and vomiting no longer returning on the smallest provocation. The vertigo and the sharp pain below the mamma had also disappeared. The iron, therefore, was evidently of great benefit to her, though it did not succeed in effecting a cure. So far as the symptoms depended on anæmia, there was very great improvement,

but it remains a question whether the iron would have done so much good had the case been one in which there was no anæmia. Such cases are said by Trousseau not to be benefited by iron at all; indeed, he does not allow that that medicine is serviceable except in a very small proportion of cases. The remedies he has administered with most effect are venesection, *Digitalis*, and cold water. The *rationale* of such treatment lies in Trousseau's view of the pathology of the disease. He calls it a congestive neurosis of the sympathetic, if it is not something more—an organic disease of the ganglionic nervous system, and he believes that the first effect of this condition must be a modification of the vaso-motor apparatus and consequent local congestions, such as those of the ophthalmic and thyroid blood-vessels. Venesection, accordingly, he has recourse to for the purpose of diminishing arterial action in the thyroid, and so preventing asphyxia, which sometimes, he says, is imminently threatened. To assist the bleeding he applies ice to the gland and also over the region of the heart, and *Digitalis* he gives for the purpose of alleviating the distressing palpitation of the latter organ. Tracheotomy is sometimes necessary when the pressure on the trachea is so great as to threaten suffocation, but such cases, in Trousseau's opinion, are rare. The water cure he strongly advocates for the general condition, believing that by determining to the surface, local congestions are relieved and innervation and nutrition improved. The view Trousseau adopts as to the pathology of this disease is very much that of Graves, of Dublin, who was one of the first (if not the first) who described it. Dr. Laycock, Dr. Handfield Jones, and M. Aran, also, believe exophthalmos to be a neurosis. Dr. Stokes calls it a cardiac neurosis, and unlike other writers on the disease, believes that there is organic disease of the heart in the shape of dilatation. Dr. Handfield Jones attributes the goître to paresis, and the heart symptoms to a semi-paralysis of the vagi and their cardiac branches. But Basedow and Dr. Begbie differ from the authorities I have quoted in thinking the disease a blood one, proving that the old contests between the Solidists and Humouralists have by no

means come to an end. Begbie, however, believes that the nervous system is involved, but only secondarily, and both he and Basedow insist on anæmia as an invariable accompaniment and an essential feature of the disease. Iron, therefore, and good food are their remedies. M. Rilliet calls exophthalmos *iodism*, and maintains that it is caused by living at the sea-side, or by the *Iodine* or *Iodide of Potassium* taken or used for other diseases. He says that though *Iodine* does good in mere bronchocele, that it does nothing but harm in the thyroid enlargement of this disease. But Stokes, on the other hand, gives *Iodine* internally and applies it externally. The experiments of M. Bernard appear to me to prove the correctness of the views of the Solidists or of those who call the disease a neurosis. He produced protrusion of the eyeball* by irritating the cervical sympathetic, and the motor roots of the first and second dorsal nerves of the same side, which portion of the spine sends nerves also to the heart. This fact appears to me to be a strong argument in favour of the first link in the chain of causation being fixed in the nervous system. Examination after death, also, shows a predominance of connective tissue in the cervical ganglions, and a diminution of the nervous elements or in the number and size of the nerve tubules, which also must be considered to prove that, in cases of exophthalmos, the nervous system is very decidedly implicated. That excision of the ganglions is followed by congestion of the blood-vessels of the parts supplied by such ganglions is a fact which has often been verified. Begbie noticed spleen hypertrophy in two cases, and feebleness of the lower extremities, but no conclusion can be formed from so limited an observation. M. Aran explains the phenomena of the disease by an irritable condition of the heart and neck arteries which results in their dilatation and hypertrophy, which irritable condition is produced by an affection of the sympathetic. He thinks that there is something more than temporary congestion to account for the symptoms of the eye, throat, and heart, and is satisfied that there

* Dr. Schiff has caused immediate exophthalmos in the rabbit by dividing the sympathetic nerve in the neck, and irritating the peripheric extremities.

is hypertrophy of the heart and increase of gland structure in the throat; in this opinion differing from most other observers. Another symptom is maintained and contradicted—that of the radial pulse—which is not at all affected according to some, but always feeble according to Dr. Stokes, notwithstanding strong cardiac action and violent pulsation of the arteries of the neck.

As to treatment there is difference of opinion as on the pathology of the disease. I have already described Trousseau's, which is chiefly the antiphlogistic one. Begbie and Chambers give iron and stimulants in accordance with their theory of causation, the disease, in their opinion, being an anæmic one. *Ergot of rye* has been recommended by Dr. von Willebrand. M. Aran advocates the use of ice to the heart, the *Perchloride of iron, Veratria,* and *Digitalis,* and others speak of the efficacy of *Manganese, Iodine, Belladonna,* the hot and Turkish bath, and hot and cold fomentations to the spine. In a case reported in the twenty-first volume of this Journal, in which one eye only was affected (but that to an extreme degree), *Belladonna* and *Arsenicum* were given. The post-mortem examination of this case showed an immense deposit of fat in the orbit.

Here, then, is a disease in which there is agreement of opinion upon no point whatever. The treatment is antiphlogistic by some and supporting by others. It is a blood disease according to some, a nervous disease according to others, and some hold it to be both. It is an organic malady of thyroid gland, eyeball, and heart, says one observer, and another maintains that it cannot be so, as all the symptoms have been observed to come and go in a night. It is hysteria say some, and it is iodism says one author.

The exophthalmos has been explained in a number of ways. The eyeball is and is not enlarged. There is and there is not increase of the aqueous humour. It is caused by mechanical pressure of the ophthalmic vein and the consequent obstruction to the return of blood through it; by congestion of the blood-vessels at the back of the orbit and effusion of serum; by pressure on the vessels of the neck

by the enlarged thyroid; by fatty degeneration of the eye-muscles and large accumulation of fat behind the eye; by varicose veins; by atony of the recti muscles; by diminished tension of the sclerotic. Then, as to the thyroid, its increase of size is owing to venous turgescence and increased vascularity, to œdema, to actual increase of gland structure, to iodism, to hysteria. This variety of explanation as to the disease proves to us that much has still to be learned as to its real character and causes. The details of the case of E. P— corroborate the views of those who call it an anæmic disease and one requiring iron and good food, and of those also who deny its being an organic disease. The improvement which followed the treatment adopted was incompatible with the idea of its being characterised by change of structure. There could not have been fat behind the eyeball, for it could be partially pushed back into its socket. The enlargement of the thyroid could be diminished in size by pressing the hand upon it. There was no hysteria; the pulse was regular and natural; there was no suspicion of iodism. Indeed, it would have been called a well-marked case of common anæmia, but for the exophthalmos and the goître.

IS THE SUSCEPTIBILITY TO THE HOMŒOPATHIC REMEDY EXALTED IN DISEASE?

By Dr. Drysdale.

The most prominent feature, and one which first strikes the attention of an observer of homœopathic practice, is the powerful curative effect of a small dose of medicine suitably given in disease, contrasted with the slight or quite imperceptible effect of the same dose given in health. Among the many explanations of this fact, homœopathic writers have almost universally expressly asserted, or tacitly assumed, that the susceptibility to the action of the homœopathic

medicine is greatly exalted by the mere fact of the presence of disease.

It may, perhaps, be well to refer to the matured opinion of Hahnemann respecting the relation of the pathogenetic to the curative actions of medicines as given in the following paragraph in the *Organon*:

"Although, as before stated, the medicine that is tried upon a healthy person cannot manifest on a single individual all the modifications of health which it is capable of producing, and only exhibits them in several persons differing from one another in regard to physical constitution and moral disposition, it is, however, equally true that the eternal and immutable law of nature has endowed it with the faculty of exciting these symptoms in every human being. This is the cause of all its effects, of even those which it is rarely seen to produce in healthy persons, but which do not fail to appear when administered to a patient attacked with a disease resembling the one it is capable of exciting. Provided the medicine be homœopathically chosen, and administered even in the smallest doses possible, it will then produce in the patient an artificial state approaching closely to the natural disease, and cure the latter in a prompt and durable manner."—*Organon*, § 136.

Here is no assertion of an increase of susceptibility caused by disease, but merely that the susceptibility to the particular action of a drug is sure to be present in a corresponding diseased state. In his earlier writings, however, Hahnemann did advance the theory of increased susceptibility in explanation to the apparently greater effect of medicines on the diseased than on the healthy body. In his lesser writings, p. 528, we find the following remarks:

"None but the careful observer can have any idea of the height to which the sensitiveness of the body to medicinal irritations is increased in a state of disease. It exceeds all belief when the disease has attained a great intensity. An insensible, prostrated comatose typhus patient, unroused by any shaking, deaf to all calling, will rapidly be restored to consciousness by the smallest dose of *Opium*, were it a million times smaller than any mortal ever yet prescribed (*i.e.* in 1805). The sensitiveness

of the highly diseased body to medicinal irritations increases in many cases to such a degree, that powers commence to act on and excite him whose very existence had been denied, because they manifest no action on healthy robust bodies." As instances he gives the action of mesmerism and the mineral magnet on the human organism, p. 529.

Likewise, in his letter to Hufeland, he endeavours to explain the then apparently marvellous action of small doses by the increased sensitiveness of the diseased organism to a variety of influences which have little or no effect in health.

"He says, for example, a few doses of a millionth of a grain of *Belladonna* will bring a strong man to the brink of the grave, if he is ill, and his disease such as *Bell.* was suitable for."—*Lesser Writings*, p. 444. Again, at p. 445, "In disease the preservative power is much more excitable than in health." "An individual with acute fever smells from afar the approach of an animal soup, to which his now wakeful, still unknown life-preserving faculty ensures the greatest repugnance. He would vomit violently were we to bring it too near him. In a word, all the powers whose very names we are ignorant of, which have reference to the preservation of life, and the avoidance of destruction are infinitely more excited in disease. What an enormous quantity of freshly made soup it would take to excite a healthy stomach to vomit! But a patient ill of acute fever does not require a drop for this purpose—the mere smell of it suffices to produce this result," p. 446. He then goes on to say that infinitely small doses act powerfully if the system is in a morbid state. But he applies this equally to the non-homœopathic and homœopathic actions, p. 446.

It must be evident that these examples involve something more than the development of sensibility in one direction only, but nevertheless the same line of argument has been adopted by almost all homœopathic writers. And, as additional examples, are given facts such as these. Large quantities of wine may be taken in low fevers, while the smallest quantity would violently aggravate phrenitis or inflammatory fever. A person heated with the Turkish

bath can bear the cold shower, while a few drops of cold water would cause a chilly individual to shiver. A healthy hand could bear a degree of heat that would be intolerable to a burned one. The inflamed eye is sensitive to light, the ear to noise, the muscle to motion, and the skin to touch, &c. Dr. Henderson has summed up the argument as follows:

"There is nothing more remarkable in nature, or rather in science, which is the knowledge of nature, while there is nothing more unequivocally certain as the result of experience, than the fact that diseases render the body so sensitive to the action of medicines, that quantities of them, minute beyond conception, are liable to produce aggravations of the diseased states to which the medicines employed have a homœopathic relation. It is this liability which renders attenuation of the medicines to so great a degree absolutely necessary for the safety of homœopathic practice."—*Hom. Fairly Rep.*, p. 238.

Dr. Sharp, in his essays, p. 217, expresses the same opinion in the following passage:

"That similarly minute quantities will act upon the unhealthy body is thus shown to be in the highest degree probable, if not certain; for it may be argued, *a fortiori*, if they can act upon the body in health, much more will they be able to act when the nervous system is in a state of exalted sensibility, produced by the morbid excitement of disease. Any portion of the surface of the body may be rubbed violently when in a healthy condition without painful sensation; but the same part when inflamed will shrink from the slightest touch."

Finally, in one of the most recent defences of homœopathy, 'Two Sides to a Question,' by Dr. Bayes, we find the same line of argument is pursued, and the *rationale* of the action of infinitesimal doses in disease is grounded on "the known increased sensibility of diseased parts to external impressions." After enumerating some of the above well-known instances, he concludes as follows:

"It is not marvellous, then, if you bear these and other facts in mind that the diseased organism responds to the action of

doses which the healthy body would not feel, nor take any cognisance of, that the inflamed liver should feel the effects even of infinitesimal doses of *Mercury*, or that the inflamed stomach, which is thrown into agony by a teaspoonful of cold water, should feel an infinitesimal dose of *Arsenic* or *Tartar emetic*."

The gist of all this is evidently to the effect that the increased sensibility of the diseased organism to certain hurtful agencies applies equally to the homœopathic remedy, or, in fact, is more marked with respect to it. Now, although there may be a certain amount of truth in this, and it is a fact that some diseases may be aggravated by a dose of a similarly acting medicine which would have scarcely any perceptible effect on the healthy body, yet, taken as a whole, I am convinced it involves much error. By a closer examination of the subject we may hope to clear away some of the difficulties that encumber it, and show the distinction between the susceptibility to the truly homœopathic stimulus, and those numerous hurtful agencies which affect the diseased part through common sensation only. In doing this, we must necessarily touch incidentally on the question of homœopathic aggravation, though I do not mean to enter systematically into that subject, referring for a full account of it to Dr. Dudgeon's chapter in his *Lectures on Homœopathy*, p. 116.

It will be remarked that most of the foregoing illustrations turn upon the word "sensitiveness" to external influences. Now, there is a certain ambiguity in the use of this word, and it is probable that by looking into the matter closely we may discover in this expression a source of fallacy. For it is frequently used to denote both the susceptibility to the action of stimuli on organic life, and the faculty of sensibility properly so called, which resides exclusively in the sensiferous nerves.

Referring again to the principles laid down by Dr. Fletcher, we are reminded that all animal life is built on organic or vegetative life, and ultimately all the phenomena of life, health, and disease, must be traced back to irritation, or the action of stimuli on irritability. What the ultimate organic unit of vitality or irritability is we do not yet know,

whether cells, germs, granules, molecules, or germinal matter, or protoplasm, is not settled, and probably never can be, as it most likely will remain a thing of intellectual inference. In the mean time, Fletcher's term, "irritable matter," is quite as good as any other, though protoplasm* in its etymological sense would probably be the best. However this may be, it is plain that the stimuli, both natural and preternatural, *i.e.* the causes of both health and disease can take effect, and life, and, in some degree, health exist without the intervention of animal life, *i.e.* sensation, thought, and volition; whereas, on the other hand, these latter cannot exist at all, except as founded on organic life. Let us now see what are the complications that are brought about by the cerebro-spinal nerves in disease where they are not idiopathically implicated. These may be summed up under the two heads of sympathy (including organic and animal sympathy, reflex action), and sensation.

Taking a broad view of the relation between the nervous system and organic life, we may sum it up in the perception of irritation by the centripetal nerves, and furnishing a stimulus by the centrifugal nerves. In this respect nervous

* The word protoplasm signifies literally "that which is first formed." It seems the most appropriate term for the ideal unit of vitality. But it was originally applied by Von Mohl to one part of the cell contents of vegetables. Thence it has been extended to a similar kind of matter in animal cells. But it can exist without cell-walls, and therefore the cells are not the ultimate vital element, though essential in the building up of the tissues and in secretion. They are, in fact, already organs, so to speak. The germinal matter of Beale consists of this protoplasm and nuclei.

Max Schultze [*Das protoplasma der Rhizopoden*, &c., p. 2], however, says, that Beale has never properly understood the cellular theory; but he does not seem himself to be able to agree with Reichert, Brücke, and others who have distinguished themselves in this line of investigation about the exact relation of this protoplasm to the cell.

The "irritable matter" of Fletcher corresponds to what Beale means by "germinal matter," though it is more than doubtful whether the latter has been actually discriminated by the microscope.

Dr. Sharpey sums up the question thus:—"For my own part I am disposed to think that in the process of organisation as distinguished from its result, the cognisable form and mass of the organisable material, whether as cell or molecule, are of altogether subordinate consideration to the nature of its substance."—Quain's *Anatomy*, 1867, p. xxiv.

influence is put into the same category as other stimuli, *i.e.* an essential factor in the vital process, but not life itself any more than heat, electricity, air, or the other natural stimuli, which have nearly all been identified with life at one time or another in the history of medical science. The idea of cerebro-spinal influence communicating life in any sense must be held be erroneous—hence the whole of the so-called neuro-pathology must rest on a false basis. Nervous influence stands merely in the relation of a stimulus whose source is, like heat in part, within the economy. No doubt it is a most powerful and necessary one in modifying and maintaining healthy nutrition and vital action, but still not essential to the idea of life. It is gratifying to find Fletcher's ideas on this subject corroborated in the cellular pathology of Virchow.

The essential phenomena of disease, *e.g.* in inflammation, the heat, redness, and swelling, with the altered and increased secretion, even suppuration and ulceration, may all take place without the concurrence of the cerebro-spinal system, and without our cognizance of them through sensation, as, indeed, is frequently seen in paralytic, maniacal, and other states, where the disease runs its course in the so-called latent form. Although the cerebro-spinal nerves do not play an essential part in the morbid process at its original seat, yet they exercise an important influence on its bearing on the system at large, chiefly through pain and sympathetic action which is independent of sensation. With respect to pain, although we cannot pretend to explain the exact state of the nerves involved in it any more than we can their condition in ordinary sensation, we know by experiment that it is excited by mechanical force applied to the sensiferous nervous fibrils, or to their trunks; also by excessive heat or cold, or the oxygen of the air, or the slightest touch applied to them when deprived of their covering, as in a raw surface, or by other agents. The *rationale* of pain in inflammation and spasm is, according to Fletcher, as follows:

"The sensation called pain differs from anxiety in being much

more acute, but frequently much less intolerable, when produced otherwise than by intense external pressure. It seems to be indicative of either inflammation or spasm, in both which cases it may be said to arise from interstitial pressure, the sensific nerves of the contiguous tissues (not as Hastings supposes, the nervous fibrillæ of the vessels themselves, which are ganglionic alone) being compressed and irritated in the former instance by the capillary arteries, which are dilated to a greater degree than that which is sufficient to produce formication alone; and the same sensific nerves of the muscular tissue itself being in the latter case in the same way compressed and irritated by the minute muscular fibres which are thrown into a state of irregular contraction. It will be easily understood, therefore, why pain arising from inflammation should be always more or less continued, while that arising from spasm is always alternated with periodical intermissions, as well as why in the former case the pain should be increased by pressure, while in the latter it is alleviated by the same means; since, in the former case, we add to the previous interstitial pressure a new pressure from without, whereas, in the latter, we substitute merely the external pressure for the interstitial, such external pressure being incompatible with the irregular contractions of the muscular fibres from which the interstitial pressure (which is so much more intolerable) arises."—Fletcher, *Path.*, p. 421.

In addition to the above, we may add increased heat, and the presence of the increased supply of blood itself, as causes of the increased nervous activity, and in some cases the irritant action of effused products. Thus it appears that the pain and the other centripetal nervous influences, which convey all sympathetic action, except what takes place through the blood, are not essential parts of the local morbid process, but are merely consecutive effects, furnishing signs and symptoms indicating the seat and nature of the diseased process.

We can scarcely say that the nerves are in a morbid state here, as they are merely in a state of full functional activity, if that can be said to include pain. Practically, we may say that the nerves are performing their proper duty in taking cognisance of the morbid irritation, and the

pain is not the object of direct curative treatment, but subsides of itself when the disease is removed. At any rate, it does not require any exaltation of the faculty of sensibility to feel pain. So already some deduction must be made from the meaning of the term "sensitiveness of the diseased parts," even when limited to the proper function of the sensiferous nerves. Nor even as a whole is the functional activity of the nerves increased while feeling pain; on the contrary, the proper tactile function is impaired or abolished. It is remarked by Henle* that a part already painful, owing to the presence of inflammation, feels merely an increase of pain from each new touching, but not distinct tactile impressions. In lower degrees of disease than inflammation the nerves give us more definite information as to the morbid process, and even in inflammation the kind of pain gives us valuable information as to the varieties of that process.

In the above instances of increased pain by pressure we see an example of an apparent aggravation produced by a cause certainly not homœopathic to the real disease, and not depending either on any exaltation of the faculty of sensibility. The same is noticed by Henle with respect to heat.

"The inflamed skin seems more irritable when the ordinary temperature cannot be borne; in reality it has already, in addition to the last brought elevation of temperature, to bear the stimulus of the accumulated blood. Through this it feels already, without any new stimulus, subjectively or not, as if it had been all the while exposed to a high temperature."—P. 113, *Rat. Path.*, I.

In the same manner we see pressure and heat cause increased pain, not from increased sensibility but simply from adding to the stimulus already in excess; so we may have additional sympathetic and reflex action from numerous causes acting either locally or through other parts of the nervous system, examples of which will be cited presently. For the above reasons therefore there may be a great variety

* *Rationelle Pathologie*, II, p. 126.

of causes of aggravation, besides those depending on homœopathically-acting agents. Thus, the so-called increased sensitiveness of the inflamed part by no means necessarily implies increased susceptibility to the specific stimuli which act on organic life. For an example of increased reflex functional activity we may take the instance of inflammatory disease of the large intestine, whereby the nerves which convey the desire to stool and the corresponding reflex actions are functionally overactive for the same reason that the nerves of ordinary sensation suffer pain. Here we find that the least additional stimulus from the presence of the smallest amount of fæcal and other matters, or even sympathetic stimuli, such as food in the stomach, or mental emotions, &c., produce aggravated expulsive efforts, or tenesmus, and thus may be reckoned amongst the causes of aggravation of the disease. The same may be said of the inflamed bladder, with its sources of aggravation from the accessory stimuli to micturition, such as the upright posture, cold feet, piercing sounds, &c. In like manner, in inflammation of the stomach we have persistent nausea, which is easily aggravated into the reflex movements of vomiting by accessory stimuli, such as disgusting sights, tastes and odours, or even the mere recollection of these. In all these cases the agent of aggravation is certainly not homœopathic to the diseased state. Let us take another example of a diseased organ where the interference of a special sense makes the phenomena more complicated. In ordinary inflammation of the exterior tissues of the eye the retina merely perceives light normally, but, nevertheless, the patient has intolerance of light, the reason being that "the sensation which in slighter ophthalmias causes the patient to stop the use of the eyes has its seat not in the retina, but is a burning and smarting which is an affection of the tactile nerve of the conjunctiva; when rest and darkness are recommended in conjunctivitis the object is to guard the expansion of the trigeminus against the sympathetic irritation of the optic nerve" (Henle ii, p. 93); and likewise to guard against the reflex movements induced by the same retinal activity.

But intolerance of light may arise from another cause, viz., hyperæsthesia of the nerve of vision; light is now felt more acutely, and this state is shown objectively by the increased reflex actions, viz., the contraction of the pupils, redness of the conjunctiva, flow of tears, and, finally, spasmodic closure of the eyelids. In the photophobia of scrofulous ophthalmia, both these conditions are present, hence its peculiar intensity.

In all these instances except the last the cerebro-spinal nerves are merely conveying impressions, and thus acting as the index of the morbid actions going on in the sphere of vegetative life, and may be practically regarded as performing their natural functions inasmuch as the pain, &c., would cease to be manifested if the local irritation were removed. So far none of these actions are or can be the direct objects of homœopathic treatment, because as frequently said this applies to the proximate cause alone, which is, as just stated, seated in the vegetative sphere, and it is solely by removing this proximate cause that the homœopathic medicine can have any beneficial effects. Mere palliation by the relief of these symptoms can only be obtained by the primary physiological effect of medicines applied allopathically, the object being to prevent for a time the nerves from performing their proper functions. Thus, if we wish to suppress pain and reflex action while leaving the disease unaffected, we must use narcotics and anæsthetics in doses which must exert their full physiological action, and for a time deprive the nerves of their power of transmitting impressions.

With this object, narcotics are given in cough, tenesmus, and a great many other conditions where it is desirable to stop muscular movements, and also for the relief of pain, and so procuring sleep. A similar effect is also sought for in the use of hyposthenisants or sedatives through their action on the controlling nerves of the heart, such as *Quinine* in gramme doses per diem, *Tartar emetic, Digitalis, Conicine*, and *Veratrum viride*. In all these cases the desideratum is to obtain rest for the diseased part, the beneficial influence of which is undeniable. At the same time no direct effect

upon the disease is expected, as is acknowledged, in respect to the great bulk of allopathic treatment, by Dr. Gull in his recent address at Oxford. "The surgeon is contented to place a wounded part under the conditions of physical and physiological rest, and after attention to hygienic conditions, the *res non naturales* of our forefathers, to abide the result. This no doubt expresses the largest part of our treatment of common acute disease. We now know that we cannot directly control the morbid processes in pneumonia, pleurisy, and pericarditis." The homœopathic treatment is widely different from this, for while it renounces all attempts to fulfil the above merely symptomatic indications, the sphere of its action may be said to begin where allopathic treatment ends. I do not here mean to enter into any contrast between the merits of the two methods, but merely to discriminate betweeen the different fields in which their action is displayed. Besides, the strictly allopathic use of medicines does not completely characterise the practice of the so-called allopathic school, for, in fact, it is impossible to carry out the plan of symptomatic treatment to its logical extent for numerous and obvious reasons. The chief of these is that the dose must be very large to stupefy or numb or stimulate nerves, or narcotise the brain, while disturbing causes of an opposite character are strongly at work. The treatment therefore breaks down before it can be carried out to the conclusion, owing to the dangerous collateral effects of these doses. Hence, it happens that practitioners guided by experience are in the habit of using successfully a large number of medicines, supposed to act by their ostensible narcotic, sedative, anti-spasmodic, and other powers, but which really do act by their imperceptible homœopathic operation; therefore the ordinary practice may be described as allopathy largely tempered with empirical specificism. On the other hand, it must also be allowed that the practice of the homœopathic school is specific treatment tempered with a small proportion of non-homœopathic auxiliary means. A considerable number of these fall under the present category, and consist of expedients for removing the exciting causes of peripheral irritations which produce disease

through reflex actions, such as lancing of the gums, extraction of decayed teeth, expulsion of worms, and other offending substances from the bowels, cutting the injured nerve in tetanus, cauterizing irritable ulcers in the cervix uteri or the larynx, removing acrid secretions or parasites from the skin, &c. These are merely auxiliaries, and can have no pretensions to any important part in the general treatment of disease.

In the above instance the sensiferous nerves are presumed to be not idiopathically affected; but when they become themselves diseased or idiopathically implicated in other diseases, either with respect to their trunks, their spinal or peripheral terminations, or the sensory ganglia of the encephalon, the signs of which are respectively neuralgia, hyperæsthesia, and hallucination, then the specific homœopathic treatment becomes again applicable. Because the disease is then seated in the capillaries, cells, irritable matter or protoplasm of these parts and follows the same laws as disease of vegetative life, and must be met by specific stimuli acting by elective affinity on these elementary parts. The same rule applies to idiopathic disease of all other departments of the nervous system. The field, therefore, for the imperceptible or homœopathic action of medicines becomes again immensely enlarged.

Now we have seen that in exalted functional action of the reflex and sensiferous nerves a small additional stimulus produces violent aggravation, and in real hyperæsthesia the slightest amount of the natural excitants of the senses (light, noise, &c.) produces extreme effects. Does it follow that in the latter case the susceptibility to the homœopathic medicine will be exalted? By no means. The disease in hyperæsthesia is seated in the cells of the grey matter, and the homœopathic stimulus does not reach it through the special sensiferous nerves at all; although the function itself is one of the manifestations of animal life, the mechanism of the function belongs to organic life, just as much as the secreting cells of the liver do.

In exalted faculty of sensibility we can imagine the physiological effects of even high dilutions to be perceptible

as diseased sensations and unpleasant symptoms—often described as aggravations; while, at the same time, the susceptibility to the real homœopathic remedy may not be exalted at all, or may be even decreased. In either of these latter cases it is easy to comprehend that an insufficient dose of the specific may do little or no good in its proper sphere, while its collateral action, though almost imperceptible in health, may be disagreeable or hurtful when the sensiferous nerves are in a state of exalted sensibility. And this is what really does take place as many homœopathic practitioners have observed, myself among the number; we are often inconvenienced in practice by the complaints of aggravation by such medicines as *Musk* and *Assafœtida*, but, on closer examination, these are found not to be real aggravations of the disease, but merely reflex effects of the disagreeable impression on the senses of smell or taste, and afford no criterion for the degree of susceptibility to the real medicinal action. I have often found benefit from the continuance of these medicines in a dose not more than strong enough for the cure, though more than sufficient to produce the smell and its disagreeable consequences. Also I found the lower dilutions frequently act beneficially when the higher ones produced troublesome complaints of aggravation.

Finally, if we turn the argument the other way, I believe most will see the truth of it in their own practice. In paresis of the sensiferous nerves, indicated by anæsthesia, numbness, creeping, feeling of a hair, &c., do they find exceptionally large doses necessary or more easily borne? I believe not; but the choice of the dilution depends on the same grounds as in the diseases of the vegetative sphere generally.

If the above train of reasoning be correct, it follows that we must deduct from the arguments in favour of the increased susceptibility to homœopathic medicines which is induced by disease all such as are drawn from the increased sensiferous and reflex nervous action, and other sources of non-homœopathic aggravation.

We may now adduce a positive argument on the subject

which seems to have been lost sight of by most writers, although perceived in its full significance by Hahnemann himself, and which probably was the reason why he substituted the above paragraphs in the *Organon* in place of the strong arguments for increased sensitiveness contained in his earlier works. I allude here to the fact which was not at first known, but is now unquestionably established, that medicines in infinitesimal quantities do produce perceptible effects in healthy persons in whom the susceptibility to their contingent actions is developed naturally and not as a consequence of disease at all. This disposes of the first half of the marvel implied in the question: how can quantities of medicine, so small as to have no perceptible effect on the healthy body, manifest such powerful action in the cure of disease? And it does so very simply by merely showing that they have effects on the healthy body under certain circumstances. A part of the question thus depends on the variation of susceptibility in the healthy body, and this, therefore, must be intimately connected with the question of the dose in practice, as well as with the explanation of the above difficulty.

We have seen by paragraph 13 that the susceptibility varies in all individuals from original constitution. This applies to medicinal as well as all other kinds of stimuli in health, and, therefore, must be one of the chief grounds for the regulation of the dose.

To elucidate this subject further, let us consider, for illustration, the varieties of the acuteness of the special senses displayed by different healthy individuals; for example, if a number of persons stand round an acoustic machine devised for the purpose, when the pitch of the sound rises to a certain height, some one or more would fail to hear anything at all, while others can distinctly hear an exceedingly shrill and piercing sound. As the pitch rises, the number who hear the sound becomes smaller and smaller, until, at length, none of them can perceive it. If now a fresh group of persons were introduced, some one of them might still detect the sound. Still, further, we can easily imagine the pitch to be raised so high as to transcend

the capacity of the human ear, while it may yet be readily perceived by other animals. Similar illustrations may be gathered from the other senses, and if so, how can we imagine that the same differences do not apply to the extensive and many-sided property of irritability! On the contrary, we know, from experience, that the sensibility to the action of medicines and other stimuli varies immensely in different individuals, and a dose that might affect many healthy persons strongly will be to others almost inert. The limit of susceptibility to medicinal action can be discovered by experiment alone, as in the above acoustic test, and it may quite well happen that a dose may be so reduced as to produce no effect upon ninety-nine persons, while that or a smaller one would affect the hundredth. Thus, the limit of action may be pushed to an indefinite distance. For these reasons we can have no well-grounded *à priori* objections to the possibility of the action of even the very highest dilutions. The sole point for our consideration is the practical bearing of these principles. Here the more practical of the homœopathic school have diverged widely from Hahnemann, who, dominated by the hypothesis of the absolute power of medicines, seems to have thought that the smallest dose which could be shown to act in any individual must be sufficient for all other individuals. Now we have no proof of this uniformity of susceptibility in the healthy body, but quite the contrary, as shown in the above instances with respect to the special senses and irritability in general. And to presume its existence in disease is simply to beg the whole question, and assume that the mere fact of the presence of disease will exalt the susceptibility of the least sensitive patient up to the level of that of the most delicate prover. For this we have no warrant in the facts. What, therefore, is the practical inference? Should we, as a rule, commence treatment with a dose which can only act perceptibly on a small minority of the human race, or should we at once give one which corresponds with the average susceptibility of our patients? To revert to the analogy of sound; if we wished to set up a bell for warning against danger, would we choose one of such a pitch as to

be inaudible except to a few gifted individuals? In fine, though the arguments drawn from the extreme divisibility of matter and the acuteness of the senses are perfectly valid against the superficial objector to the possibility of the action of infinitesimal doses; they are of no value in determining the actual dose required in practice. On the contrary, they furnish us with the best illustrations of the extreme variability of the degree of susceptibility shown by different individuals in health, upon which, after all, the choice of the dose must mainly depend. We cannot agree with the principle sometimes put forward as a dogma that when a particular dose has been found sufficient for the cure in certain individuals, it must necessarily be so in all, and that when it fails, the choice of the medicine was wrong. On the contrary, I believe that in exactly the same kind of disease, but occurring in different individuals, the medicine may be quite homœopathic, and yet require to be given in very different doses, even down to material quantities. Of this I will, on some subsequent occasion, give examples, and in the mean time I may say that insufficiency of the dose has been one of the chief causes of the tardy progress of the homœopathic method.

Having said that infinitesimal doses do act in the healthy body, and that the degree of their action in one individual is no criterion of their action in another, and also at p. 471 of the last number of this Journal, that the presence of the disease, *ipso facto*, gives the presumption that the contingent susceptibility to the homœopathic medicine was already present, there remains now only to examine how such a feeble pathogenetic action is capable of such a powerful therapeutic effect when unaided by the supposititious exaltation said to be conferred by disease.

The difficulty here is enhanced by the pre-existing idea in our own minds that anything capable of great effect for good must have, under other circumstances, great power for evil,—in short, the old adage "Nil prodest, nisi lædit idem." Now, there generally lurks a fallacy in the application of such proverbs to particular instances, though to a certain extent it must hold good here, if the homœopathic

theory of specifics be true. But with regard to the amount that is a different matter, and indeed it is necessary that the amount of specific stimulus to cure must be less than enough to produce the same amount of disease. How little, we cannot tell beforehand, but it is quite possible not more than enough to produce the contingent symptoms of the provings. There is no proof that the amount of force exerted by the small dose in curing is at all greater than that exerted by the same dose in a healthy person in whom the contingent susceptibility is developed. By § 9 we have seen that on the cessation of overstimulation or consumption of irritable matter, deposition begins to predominate under the continuance of the supply of pabulum and the natural stimuli. The above conditions and the mere negative influence of rest are, therefore, essential in the curative process, and often of themselves sufficient, but when, in addition, some specific stimulus is required, by inducing some qualitative, or metabolic change, to give the impulse to the regeneration of the irritable matter, or ideal protoplasm, we know not how small that may be in amount. It is true that to attain any result there must be an adequate amount of force brought into use, and the very great change between a serious disease and health demands that we should show that equivalent amount of force, but, in fact, we have already done so in the above paragraph, wherein we see that the medicinal specific is not the only force at work, and is quantitatively by far the least important, the natural stimuli and pabulum being still there, and in constant action. On the other hand, when the medicine is given in the healthy body for the purpose of producing disease, it receives no aid from the natural stimuli—vital action being now in equilibrium—therefore the amount of disease corresponds to the excess of action produced by itself alone, and a larger dose would be required to elicit more than the faint indications shown in the contingent symptoms. As above said, a small dose may be sufficient for cure, but not necessarily so; how large, then, can only be found by experiment, and in trying it we are liable to touch the other end of the scale, viz., the true homœopathic aggravation, though this, as before said,

applies chiefly, if not entirely, to the absolute symptoms. Now, it is evident that if a drug acts in a similar manner to the exciting cause of a disease, and simply increases it in degree, it must have the power of increasing all those accessory phenomena which we have seen to be also under the influence of non-homœopathic lædentia.

Here a question occurs, why does a small quantity of a truly homœopathic medicine cause aggravation in disease, and an amount of injury far beyond what it could produce on the healthy body? Why, as it is expressed, can the diseased part not *bear* the same dose that it could in health? Most certainly a dose of *Belladonna* in meningitis or sore throat, or *Ipec.* in sickness, or *Gamboge* in diarrhœa, which would cause little inconvenience in health, might produce even a dangerous amount of aggravation of already existing disease. Is not this, then, a proof of increased susceptibility of the part to medicine altogether independent of collateral nervous effects?

It would certainly appear so, but on reflection we find that it does not apply only to the homœopathic stimulus, but is shared in by other stimuli acting on the diseased part, such as heat, cold, pressure, motion, &c. But before going further, let it be observed that we may with justice put aside any demand for explanation as to how a homœopathically-acting agent should aggravate the disease in excessive quantity. The facts and the common sense of the matter are quite enough to appeal to when we speak of unlimited doses of narcotics increasing sopor, emetics vomiting, irritants, inflammation, &c. &c. The homœopathic curative law, whereby within a certain limit of degree these agents should cure and not aggravate, is the real thing to be explained, and this as yet cannot be done in the majority of diseased states, but it is to be accepted as an inductive law. There is, however, one morbid element in which we have a clue to the explanation of the homœopathic principle, viz., the state of the capillaries in inflamtion, and by considering this we may possibly solve the present difficulty.

In inflammation the capillaries, being in a weakened

state, have not their natural power of recovery from any extraneous overexcitement. In the healthy, the natural degree of tone is continually in a state of oscillation from the varying degree of stimulation produced by the numerous agents constantly at work; and the power of recovery keeping this oscillation within physiological limits is very great. Now, in the inflamed capillaries, this power of recovery is what is specially enfeebled, consequently the smallest variations are already excess, and merely add to the existing enfeeblement, or, as expressed by Dr. Fletcher, they fruitlessly exhaust what little irritability is still retained by the capillaries.*

Thus the smallest changes of temperature tell upon the weakened capillaries of bronchitis, still further exhausting them; the smallest portion of solid food acts in like manner upon the stomach, the least movement of an inflamed muscle, &c. It is now easy to perceive how a slight excess of the truly homœopathic remedy may aggravate the exhaustion permanently and to a dangerous degree; while the same amount would cause little or no injury in health, because when the natural power of recovery was intact, restoration would take place so speedily that the whole process would be confined within the limits of physiological oscillation.

A small amount of true homœopathic aggravation in

* "How then is at one time heat, at another cold, useful in inflammation, since the ultimate effects of both are rather to increase that relaxation of the capillary vessels in which that state consists? With respect to heat the answer is easy, since it is only necessary that it be applied so as to produce its primary or stimulating effects, and thus to reduce the contraction of the vessels up to the line of health; and with respect to cold it is not much more difficult, since it is easy to believe that this may be so applied as to insure its secondary or stimulant effects also, and thus equally discuss the inflammation. Both are thus examples of the homœopathic mode. But cold has also another beneficial action in this case, that of directly abstracting a portion of the morbid heat of the part (the result of accumulation of blood), and thus relieving the vessels of a stimulus, which although, if a little further increased might promote the contraction of the vessels, is otherwise continually and fruitlessly exhausting what little irritability they still retain. Cold, therefore, in the words of Brown, 'stops the waste of excitability,' while by allowing of its accumulation, it renders the vessels susceptible to the healthy stimulus of the warm blood which they afterwards receive."—Flet., *Path.*, p. 464.

disease is, however, not so hurtful as we might suppose, because the tendency of the process is towards regeneration, and in health, oscillations of plus and minus are natural. More particularly in that increase of irritability which in § 11 we have called the law of exercise; those oscillations certainly occur, as we see in the alternate fatigue and increased vigour which accompany the growth of muscles under enforced use. We would, therefore, be inclined to say that the homœopathic remedy was relatively less likely than other stimuli to cause permanent aggravation. And this I believe to be the fact, and that an amount of it "can be borne" relatively greater than some other agents that act upon the diseased part. Even with respect to the absolute symptoms this is the case, but notably so with the contingent ones, in which, as before said, we actually have not the power to produce aggravation; this last circumstance, however, I have before attributed to the exhaustion of special irritability which accompanies the process of cure, but, at the same time, the whole of the phenomena connected with them do not favour the theory of exalted susceptibility towards the homœopathic remedy in disease.

So far, then, the mode of action of the true homœopathic remedy does not necessarily imply an increased susceptibility conferred by disease.

The foregoing I regard as merely a contribution to the full elucidation of the subject; I hope it will be taken up by others. It is, in fact, a subject which is far from being exhausted; and, as far as we have gone, nothing has been done but to bring together certain facts which discredit the common theories respecting aggravation and increased susceptibility. While so little is known of the ultimate nature of the process of consumption and renewal of irritable matter, it would be presumptuous to form any opinion that irritability cannot be increased in disease. On the contrary, from the analogy with the phenomena of the ocular spectrum referred to by Fletcher, Valentin, Henle, and others, it is certain that the sensibility of the retina to the complementary colours is increased by the excessive stimulus of one colour. It is possible that some similar phenomenon

may take place with respect to irritability. We know, also, that amongst our own remedies some either rouse the susceptibility to others or antidote them. But for a full consideration of this we shall require to enter on the laws of exhaustion of susceptibility, which will throw further and important light on the process of cure, and explain the action of prophylactics and antidotes.

(*To be continued.*)

REVIEWS.

Hints for the Practical Study of the Homœopathic Method, in the absence of Oral Instruction; with cases for clinical comment, illustrative of the Mechanism of Disease, and of the Treatment. By EDWARD C. CHEPMELL, M.D. Edin. Simpkin, Marshall, and Co., 1868.

WE are glad to welcome Dr. Chepmell into the sphere of professional literature. An active practitioner, and of long standing among us, he has hitherto been known in letters by his domestic treatise only. The present work will enhance his reputation as a physician, while it adds another to the few books of real practical value which British Homœopathy has hitherto produced.

The advertisement tells of the character of the book:

"The present work will be found to embody that portion of the course of clinical instruction originally addressed to the professional students of the Islington Homœopathic Dispensary, which was published from time to time, in a series of papers, during the year 1850, under the circumstances and with the special object set forth in the introductory remarks.

"The re-issue of this practical course (with considerable and important additions, gathered from my latter experience in private as well as public practice) in a separate form, and under a more suggestive title, has been determined upon as the mode of publication best calculated to attract attention."

The Islington Homœopathic Dispensary, to which reference is here made, seems to have proved a useful field of study for new converts and inquirers. From 1845 to 1849 sixteen medical men watched Dr. Chepmell's practice there. Ten of these men came perfectly unbiassed, and eight out of the ten have since embraced the practice of Homœopathy, one of them being the lamented Dr. Ramsbotham of Leeds.

Dr. Chepmell's work consists of a series of cases of acute

and chronic disease, with clinical comments. It gives an exceedingly fair picture of everyday homœopathic practice, at any rate as it existed twenty years ago. The special indications for our ordinary medicines are noted as occasion arises for their being prescribed. Thus the instruction conveyed has the true "clinical" form, and not less the clinical effect. Some of the cases are good ones, and will inform and interest even an experienced practitioner. But on the whole the use of the book is to put into the hands of the beginner, who has to learn the homœopathic art *ab initio*. It occupies much the same place as Dr. Yeldham's *Homœopathy in Acute Diseases*, while it is more decidedly *ad clerum* than that work. It is unnecessary that we should review it more at length, as it does not profess to modify or to add to our existing stock of belief and practice. Without further comment, therefore, we commend it to the best consideration of our colleagues.

The Practitioner: a Monthly Journal of Therapeutics. Edited by Drs. Anstie and Lawson. Nos. I, II, and III. Macmillan.

The *raison d'être* of this new periodical is given in the following sentence from its preface:

"It is admitted on all hands that the present state of medical science is in one respect most unsatisfactory. while our knowledge of the facts of disease, as well as of the facts of healthy physiological life, has made great progress of late years. Therapeutics, or the science of healing, has remained very nearly where it was when Rousseau exclaimed '*Laissez moi mourir, mais ne me tuez pas.*'"

The editors propose to do their part towards remedying the defect thus noted by establishing a journal which shall be "a special medium of intercommunication of ideas respecting the action of remedies." The three numbers already published contain a good many such "ideas." Among them, in No. I, we find the following:

"*The Action of Digitalis.*—In continuing the papers on

this subject in the *British Medical Journal*, Dr. Edward Mackey concludes by stating that the idea that *Digitalis* acts through the sympathetic system by causing contraction of the capillaries is not the whole truth. A varying amount of direct action on the heart must be allowed. *It seems as if this drug toned a feeble heart, and lessened the tone of a healthy one.*"

"*Action of Caffeine.*—A correspondent asks how *Caffeine*, which, like coffee itself, has been used for the purpose of *rousing* the nervous system (*e. g.* in opium-poisoning) can be effectively used in the manner described in our last number, as a calmer of pain and nervous irritation. *In answer to this, we must remark that the dosage is wholly different in the two cases.* When *Caffeine* is to be used for the purpose of rousing the nervous system, it should be given to the extent of some five or ten grains by the skin at a time; these doses set the heart beating with considerable force and frequency (possibly by partially paralysing the cardiac branches of the vagus?). In doses of one or two grains it has no such effect, but, on the contrary, acts as a mild general nervous stimulant, and in this capacity relieves pain *and insomnia.*"

Lehrbuch der Homöopathie, von Dr. von Grauvogl, 2 Theile, Nürnberg, 1866.

Textbook of Homœopathy, by Dr. v. Grauvogl, 2 Parts, Nürnberg, 1866.

The author of this work had already acquired considerable fame by his previous writings, more particularly by a learned work on *Physiology, Pathology, and Homœopathic Therapeutics.* His studies and experience eminently qualified him for the task he proposed to himself in the present volume, to wit, to give a complete exposition of homœopathy and to show its perfect accord with the progress of all the sciences connected with medicine. That he would execute his proposed task well might safely have been predicted, but that would be but feeble praise to give to a work which we have no hesitation in pronouncing the most

learned and scientific manual that has hitherto appeared in homœopathic literature. Dr. Grauvogl's intimate acquaintance with all the most recent advances in all the collateral branches of medicine, and especially with all the recent discoveries and latest hypotheses in physiology, have enabled him to employ all the valuable acquisitions to science of modern physiologists to the elucidation and illustration of homœopathy. His sound judgment and acute logical mind have moreover enabled him to detect at once the many false deductions and numerous conclusions that have been sought to be drawn from the facts observed by recent physiological experimenters. While he acknowledges the advance that has been made in physiology, in pathology, in medical chemistry, in the means of diagnosis, he is careful to point out how little service these have rendered to therapeutics. While all the collateral sciences of medicines are steadily advancing to the position of fixed sciences, the science of therapeutics alone is still in the vague and uncertain state that we are accustomed to expect only in the infant stage of a science. And yet therapeutics is the oldest of them all, and the one science to which all the rest are merely subsidiary. While at the recent meeting of the British Medical Association, the president in his address enumerated, exultingly, the various aids to diagnosis the present century had produced; while he lingered long and lovingly on the revelations of the stethoscope, the laryngoscope, the ophthalmoscope, and the various "scopes" for the vagina, uterus, rectum, and bladder, the teachings of the new pulse-feeling instrument, the wonders of the microscope, and the assistance of the manometer in exploring the nervous system, while he talked learnedly of the correlation of forces, of the cell-theory, of spontaneous generation, and what not, he did not think it necessary to say a word about any advance in therapeutics that had occurred during the same period.

The student and young practitioner are dazzled and fascinated by the new apparatus of the old school, and still more by its plausible theories and dogmatism. They hasten to acquire the necessary skill for using the former, and to

study the latter in order to apply them to practice. But they sooner or later discover that improved modes of diagnosis do not necessarily lead to increased success in treatment, and that plausible theories and ex cathedra maxims are no substitute for a true therapeutic principle.

A book was very much wanted which should expose the futile character of the assumptions and assertions of the latest system-mongers of the old school, and particularly of the self-styled physiological school, which seeks at present to give the law in medicine, especially in Germany and France. A refutation of the doctrines and principles of this school, could only be successfully made by one who was thoroughly conversant with the whole literature of this school and who was well acquainted with all the discoveries, real or supposed, of the very diligent observers and experimental philosophers who constitute its chief exponents. None could be better qualified for this task than the author of this work. In the first part of his *Lehrbuch* he has subjected to a searching criticism the doctrines of this arrogant physiological school, and with unsparing logical reasoning he has exposed the fallacies of their teachings, and the hollowness of their practical rules and methods of treatment. Nowhere have we met with a more thorough examination and refutation of the dogmatic assertions of the coryphœi of the dominant school, Liebig, Virchow, Wunderlich and the rest. He passes in review the various therapeutic systems in vogue, physiological medicine, the water cure, the gymnastics or movement cure, electricity and magnetism, and he devotes a large portion of his work to a minute examination of the school of Rademacher, which has a great following in Germany, though we doubt if it has any adherents in this country, notwithstanding the recent adoption of a part of its views by Dr. Sharp.

While exposing the errors of these systems, he is careful to point out the good to be found in them all. He avoids the error so common to many writers of our school, of measuring everything by a homœopathic standard, and accepting or rejecting it according as it coincides or not with the doctrines of Hahnemann. In this way his book

is not so much what its title would indicate, a textbook of homœopathy as of the medical art properly so called. Whilst asserting for the homœopathic therapeutic principle the first and highest place, Dr. Grauvogl is not insensible to the immense progress that has been effected in the practice of medicine, as developed by other than homœopathic physicians; and though, indeed, he shows that the reforms introduced by old school observers are chiefly negative, he has sufficient discrimination to see and admit that a real advance has been initiated towards positive improvement in the practice of physic by some outside the pale of homœopathy, and more especially by the Rademacherians. The system of these latter he shows to be a rude sort of homœopathy or specific therapeutics, and not only that, but he finds in their doctrines a great analogy to the teachings of Hahnemann in the matter of chronic diseases. He points out the inconsistency of their denunciations of the provings of medicines on the healthy with their practice, for several of their most important remedies have been subjected by them to a very thorough and valuable proving. He considers their studies of epidemic constitutions as likely to lead to very valuable results. He points out the entire accordance with homœopathy of the indications given by them for the various remedies for the several varieties of the same disease. To illustrate this accordance more in detail, he selects their treatment of the three varieties of pneumonia, curable by *Nitrate of soda* (*Cubic saltpetre*), by *Iron*, and by *Copper*, and he shows that the characteristic symptoms of these three varieties correspond with the physiological effects of those three remedies as developed in their provings on the healthy subject. On the whole, Dr. Grauvogl seems disposed to regard the doctrines and practice of the school of Rademacher as infinitely more likely to lead to useful results, than those of the more popular physiological school. We may state, however, that the Rademacherians do not reciprocate the affection our author bestows on them, for in their writings they seldom miss an opportunity of abusing homœopathy in good set terms, and that although in many respects they approach so near to

the doctrines of Hahnemann. Even in the matter of the dose, while they advise the diminution of the dose to such an extent as to avoid the production of the physiological effects of the drug, such as catharsis, emesis, and the like, they take care to say that the dose must not be too small, else their principle of cure would degenerate into a principle of folly (*sonst wird das Heilprincip zum Narrenprincip*). It seems to be with medical creeds as with theological creeds, the nearer they approach one another, the more bitterly do they abuse one another. The physiological school, we may remark, is in the habit of treating both homœopathists and Rademacherians with impartial contempt.

The second part of Dr. Grauvogl's book is more specially devoted to homœopathy; but as in the first part there is a great deal about homœopathy, so in the second part the author recurs constantly to the other methods. In fact, the two parts are far from being exclusively occupied with the subjects they profess to treat, for our author is always ready, apropos of anything or nothing, to dart off to some different subject than that immediately in hand. This very discursive quality of his mind renders his book very amusing and instructive, but at the same time it is rather fatiguing to the reviewer, who reads with the object of ascertaining the precise views of the author on a particular subject. It rather reminds us of a very vivacious setter we shot over this autumn, whose business, and we believe honest intention, was to show us where the grouse lay, but whose character was so volatile that he often seemed to forget his proper vocation and would make a dead set at a lark, or rush miles away after a hare or a rabbit, or stand spell-bound at the sight of a distant sheep, or chase a weasel up a tree, to the extreme annoyance of the sportsman who wished to stick to one object at a time, viz., the grouse. So Dr. Grauvogl, while nominally engaged on the subject of homœopathy, cannot overcome his propensity to make a stand at some fallacy of the physiological school, or to pursue his old enemies Liebig, Wunderlich, Virchow, &c., though several pages without a word of warning, and though he had apparently finally and effectually disposed of them in the

first part of his book. In short, Dr. Grauvogl's book is what was once said of Johnson's dictionary, very instructive but rather desultory reading.

The first point treated of by Dr. Grauvogl is the homœopathic drug-provings, and as a sample of such provings he selects *Benzoic acid*, partly because Professor Wunderlich thinks so highly of it in the treatment of pneumonia, while he considers its employment as having hitherto been rather irrational, and partly because the proving is not very long. A more satisfactory reason for its selection would be that Hering's proving of it, which our author transfers bodily to his pages, is a sort of model proving, which is in fact Dr. Grauvogl's real reason for selecting it, only he could not resist the little fling at Wunderlich.

He next considers the homœopathic therapeutic principle, explains what it is, endeavours to show its *à priori* rationality, exposes the shallow arguments adduced against it by our adversaries, and demonstrates their inability to comprehend it or their unfairness in misstating it.

The homœopathic dose—rather we should say the minute or infinitesimal dose usually employed in homœopathic practice—then occupies his attention. He gives a good discourse on a text furnished by Virchow: "utterly senseless is the belief that a smaller quantity of a certain substance can act more powerfully than a larger quantity of the same substance." He shows that when it is a question of quality and not of quantity, as it is in the case the cure of disease by drugs, the smaller quantity may act more powerfully than the larger; and he gives numerous analogous instances in other departments of science, from the works of Liebig, Jolly, and Virchow himself. This subject affords our author a glorious opportunity for running a tilt at his favourite enemies; and Liebig especially, who expresses in his *Letters* a sentiment similar to that of Virchow but still more disparaging to the sense and sanity of homœopathists, is pursued through many pages, and has his own experiments and observations flung in his face as the best refutation of his libel upon homœopathists. This of course is all very well, but we do not attach so much value to the opinions of a mere chemist like Liebig, on a

question relating to the action of medicines in disease, of which he can know nothing, as to think it expedient to devote so many pages in a work like this to a refutation of his arrogant and dogmatic denunciations. The homely proverb about the cobbler sticking to his last would be most appropriate here; and until Baron Liebig, the great chemist, has shown that he is qualified to give an opinion on the subject, by other experiments and observations than those he has made in his laboratory, we think his remarks concerning homœopathy may be taken for what they are worth, and that is not much.

The next point treated of by our author is of more interest and practical value, viz., the modes of employing remedies. The following are the occasions on which Dr. Grauvogl considers palliative or non-homœopathic treatment to be necessary.

1. When it is desirable to subdue pain in cases of hopeless degeneration of important organs, such as large carcinomatous tumours, incurable hydrothorax, hypertrophy of the heart with asthma, &c. In such cases it is often necessary to administer *Morphine* or *Opium* (better *Opium*) by the mouth or preferably by injection.

2. Injurious substances retained in the alimentary canal must be removed by emetics, or by *Castor oil* or Carlsbad salts, &c.

3. *Iodide of Potassium* is sometimes required to be given in massive doses in order to produce certain effects which it cannot do in infinitesimal doses.

4. In some cases of dropsy it is necessary to produce palliation by the employment of diuretics.

5. Acidity of the stomach occasionally demands the employment of *Carbonate of Soda* for its neutralization before a cure can be effected by *Bryonia*, &c.

Dr. Grauvogl gives a case in which he found it necessary to administer *Cochineal* in massive doses; as it is instructive we give an abridgement of it. He was called to see a young man of nineteen who had been fruitlessly treated by an allopathic practitioner. The patient complained of intolerable nocturnal pains in the abdomen, for which his

medical attendant had employed general and local bloodletting, besides purgatives, *Chamomile* tea, and other drugs. The cause ascribed for the disease was sleeping on straw in a draughty room, in January, after a long walk. He complained of flying shooting pains in the loins, urging to urinate, pains in the limbs, general prostration, anorexia, sweetish taste, thirst, and headache in forehead and temples. His face was flushed, pulse 100, abdomen soft, lungs, liver, spleen, and vesical region free from symptoms. The occurrence of the pains at night led to a suspicion of renal inflammation. Deep pressure in both renal regions was attended with so much pain as to cause him to cry out. Urine dark, discoloured, with a copious white sediment, above which lay a thick granulated layer tinged with blood, so that there would be no doubt that it was a case of acute desquamative inflammation of both kidneys, a diagnosis which was corroborated by the microscopic appearances. *Coccus cacti* was the remedy indicated. Five drops of the 3rd dilution given every hour produced no amelioration. Other remedies were tried with equal want of success. Convinced that *Coccus* was the true remedy, Dr. Grauvogl now gave it in substance in the dose of a teaspoonful of the powder every hour. The next night was much more free from pain, and in a few days all the symptoms disappeared.

Homœopathy, as our author points out, has a marked superiority over every other system in her possession of remedies for states that are aggravated by wet or dry weather, by east or north winds, in the morning or evening hours. Homœopathy also knows, what the old school is profoundly ignorant of, that certain remedies given at certain periods of the day will aggravate those very symptoms which, if given at a different time, they would have benefited. Thus *Ambra*, *Nux vomica*, &c., cannot in many instances be given at night with advantage.

One of the peculiar features of Dr. Grauvogl's book is the importance he attaches to determining the peculiar constitution of our patients, as he believes that a certain series of remedies is adapted to each constitution. His views

respecting the variety of constitutions are original. He makes them out to be three in number, and these he terms—

1. *The hydrogenoid constitution.*—This is, he says, the product of the blennorrhagic miasm (tripperseuche), which is not to be confounded with Hahnemann's sycosis, and it is characterised by a greater amount of water or a hygroscopic condition of the blood.

2. *The oxygenoid constitution.*—In this the system is deficient in nitrogen and carbon, and therefore more susceptible to the action of oxygen.

3. *The carbo-nitrogen constitution.*—Here the oxydation of the blood is obstructed, giving rise to an accumulation of carbon and nitrogen in excess.

We have not space—nor, indeed, inclination—to reproduce all that Dr. Grauvogl says in defence of his notions concerning these three constitutions. All we can say here is that we have read all that he says about them carefully, and that while there is truth in much of what he advances, we think he fails to establish his point; nor do we think it of much practical importance, for though he gives lists of the remedies that shall be most suitable for each of these constitutions, in practice it must always come to this, that the remedy for any particular case must be chosen in accordance with the therapeutic rule of similia similibus, irrespective of theories of constitutions, chemical or other.

Of infinitely greater value to our mind are the practical observations and cases related by Dr. Grauvogl, as illustrations of his different constitutions. We propose to give a selection of these, not in the author's exact words—for even in the detail of cases he is often tiresomely discursive—but in an abridged form, so as to retain their practical value without wearying our readers.

Under the heading "Practical Illustrations of the Carbo-nitrogen Constitution," we find the following cases treated with *Nitrate of silver.*

J. L—, a police-officer, aged 54, complained of loss of breath when going up a hill or walking quickly. He was subject to piles, and had swallowed many pills and powders, which had relieved him but temporarily, but had disordered

his digestion so much, that for many months he had lost all appetite. He used to be corpulent, but was now very thin, complained of an anxious feeling in the region of the heart, periodical pains in the bowels, urging to stool, burning piles, and desire to make water. He was much troubled with vertigo and weakness of the whole left side of the body. He looked aged for his years, had an earthy complexion, tongue furred white, taste destroyed, hepatic region painful to pressure, but no perceptible enlargement of the liver. No mucus nor blood passed by stool. Respirations 26, pulse 108, palpitation of the heart. No cough, respiratory murmur in many places hardly audible; but in the upper part of the lungs dry, vesicular, and increased in intensity. When he attempted to take a deep breath the chest was but little elevated, showing a diminished capacity of lungs. Hands trembling, sleep short, and often broken by attacks of suffocation. Discharge of flatus upwards and downwards gave relief. His diet was simple, and he did not smoke. *Nux vomica* 2, once a day for a week, then a week without medicine, and so on, produced some amelioration in his general state; but all the symptoms remained, though in less degree. Four weeks after this he had, at 2 p.m., a violent attack of asthma, probably in consequence of a chill. *Arsenic* 10 did him some good, and in six days he was able to resume his duties, as his breathing was much relieved. He now got a dose of *Sulphur*, 30. His sleep became quieter, but he felt but little inclination for work, was depressed in spirits, and though he suffered less from vertigo, he was troubled with stupifying feeling in the head and constipation. Things went on thus for six weeks, when he begged a remedy for his constipation; for if the bowels went for two or three days without relief he felt increase of his languor, trembling of the hands, sleepiness, and disgust at work, weight and stupefaction of the head, eructations, and a tight feeling in the abdomen, as though a tight band were round his body. The urging to make water, palpitation, dyspnœa, and weakness of the left side also increased. He now got every morning half a teaspoonful of Carlsbad salts in half a pint of

water. After taking this a fortnight he had a copious hæmorrhage from the piles, with relief to all the symptoms. But the improvement did not last long, for all the symptoms gradually returned. Various remedies were tried for a year without affording much amelioration. "There cannot be a doubt that in this case the blood-life was first affected, and it was evident that the defective nutrition of the nervous system thence resulting must eventually bring about that condition that is produced by altered functions of the brain and spinal cord. Thus much is certain, that in this man the whole organic changes were suffering from insufficient oxydation. Among the remedies that are capable of increasing the influence of oxygen on the organism, I know of one only which corresponded to the symptoms homœopathically, viz., *Argentum nitricum.*" The 2nd decimal dilution of this remedy four or five drops in a spoonful of water night and morning was prescribed. After taking this for a week he was an altered man. His complexion was healthy, and he declared he had not felt so well for twenty-five years. It was evident that increased oxydation of the blood had taken place. He was able to inflate his lungs fully; he slept well; the constricted feeling in his abdomen was gone. Without further treatment he grew quite well, and when seen three years later he had no complaints to make.

A blooming girl of 19, with regular menses, suffered for five years from pressing pains all over the head, sometimes only on the crown, sometimes in the left frontal region. The pains were relieved by strong pressure on the painful parts. The malady was ascribed to having danced too much one night. She had consulted many medical men without relief. She often complained of vertigo and languor and weakness of memory. On going up stairs she grew breathless, and had palpitation. Tongue furred white; appetite and sleep very good—only too sleepy by day; now and then pains in the stomach; frequently nausea and vomiting for a week at a time. Her hands trembled; pulse 98, burning feeling in the cardiac region. She could breathe pretty deeply, but could not retain her breath long. Re-

spiratory murmur vesicular; no cough; urine pale and deficient in salts. After the fourth dose of *Argent. nitr.* 2 she quite recovered, lost her headache, and could breathe easier; the palpitation was relieved, and the memory became stronger.

A magistrate, forty-five years old, sought Dr. Grauvogl's advice for troublesome cough which was often so severe as to take away his breath, and dyspnœa after walking rapidly, which caused flushing of the face. His complexion was uniformly pale, with pale lips; tongue white; pulse 116; great palpitation of the heart and increasing emaciation of the body. When auscultating him, Dr. Grauvogl noticed to his astonishment that at each inspiration the upper part of the chest was drawn in, and on expiring it expanded. Respirations 21. The short inspirations showed diminished capacity of the lungs, but the vesicular murmur was heard all over the chest. Some mucous râles were heard in the large bronchial tubes. The effort to breathe deeply took away the patient's breath. These symptoms pointed to paralysis of the diaphragm and defective innervation of the thoracic organs. On attempting to walk with closed eyes he became affected with vertigo; he staggered at the third step, at the fourth had to open his eyes in order to seize hold of something to prevent him falling. The cause of his sufferings lay in the central organ of co-ordination, the medulla oblongata. Five drops of *Argent. nitr.* 2nd dec., night and morning, were prescribed. Nothing was heard of him for several months, when he one day came into the doctor's study to ask his advice for his wife. His appearance was quite changed. He had fat red cheeks and a perfectly healthy complexion. He was stout, and spoke without any difficulty of breathing. He said that after he had finished the little bottle of medicine he was quite free from all his former ailments; and to show how well he was, he closed his eyes and walked steadily across the room.

A youth of eighteen, son of healthy parents, from infancy suffered from incontinentia urinæ nocturna, and after being tortured in every possible manner he had at length to be pronounced incurable and dismissed from the institution

where he had for four years studied. In his childhood he had frequently suffered from swollen glands. He is now tall and strongly built, and nothing abnormal can be detected about him, except large pupils and rather quick but not strong heart's beats. He had once suffered from worms; the constituents of the urine are normal. From the first day after commencing to take *Argent. nitr.* 2nd dec., which he left off after six days, during a period of six weeks he did not wet the bed. On resuming his studies and sitting all day long in the house, he again began to wet the bed. *Argent. nitr.* was again given, and he was ordered to walk for at least an hour every day whatever the weather. In ten days the incontinence of urine ceased and never afterwards returned.

Several more cases of cures by *Argent. nitr.* are given, but we think the above the most striking.

No practical illustrations of the *oxygenoid constitution* are given. The following are among the cases related under the head of the *hydrogenoid constitution:*

A married woman, aged twenty-eight, who had had her last child without difficulty some years ago, complained that for six months past her abdomen had begun to swell so much that her friends congratulated her on being again in the family way, but she was sure that could not be the case, as she felt none of the symptoms of pregnancy, and her catamenia were regular. The abdomen was round and uniformly hard to the extent of a diameter of six inches over the pubes, but there was no pain on pressure. The shape of the os uteri was like that of a woman four months pregnant. It lay high up and directed backwards. All round it one could feel the same cartilaginous resistance that was perceptible from the outside, and this hardness was continuous with the neck of the womb, showing that it belonged to the uterus. It was evidently a case of fibrous polypus, or, more probably, a round fibroid tumour in the interior of the uterus, but this could not be certainly determined, as the mouth of the uterus remained closed. The woman did not look ill; her appetite was good; she slept well, only her household duties fatigued her sooner than

formerly, and the swelling was a great hindrance to her. This was on the 4th April. As long as Dr. G. prescribed remedies for the tumour no effect was produced, and the abdomen grew larger every month. On the 6th September, he first thought of inquiring into the concomitant circumstances. She said she had rigor every evening and aggravation, that is, increased swelling of the abdomen, when the weather was damp. On this he ordered *Nux vomica* 3rd dec., *Ipec.* 3, alternately every two hours with such effect that by the 26th September the tumour had decreased to three inches in diameter; it was still to be felt above the pubes, and the mouth of the womb had come lower down. By the 20th October the neck of the womb was again perpendicular, the lips were somewhat swollen, but the leucorrhœal discharge had ceased. The improvement went on under this treatment, the remedies being frequently left off, and four years have now elapsed without a complaint from the patient, so that she may be considered perfectly cured.

A butcher and innkeeper, twenty-five years old, was seized, according to the declaration of his physician, with inflammation of the lungs of such a violent character that his life was despaired of. The patient was engaged to be married, and if he died without marrying his intended would lose the business. So the doctor advised the patient to get married as soon as possible. This he did, but Dr. Grauvogl was applied to to undertake the treatment. He found hepatization of the whole right lung from the bottom to the top; just over the clavicle the percussion sound was duller and some respiratory murmur was audible. The left lung was unaffected, dyspnœa great, weakness prodigious, voice hoarse; he could not lie on the left side without danger of suffocation; pulse 130; the cough brought up scanty purulent expectoration; the tongue thickly furred; appetite completely gone; great emaciation; decomposed features. The patient when questioned said that he was better one day and worse another, and then was worst about 8 p.m. The previous evening he thought he should die; he felt cold in spite of being constantly bathed in perspiration, and notwithstanding the application of warm clothes.

Prescription: *Nux vomica* and *Ipec.* alternately every two hours. The following day (2nd August) all the symptoms were relieved. A week later he still felt chilly on the upper part of his body, so he got *Aranea diad.* 3 in hourly alternation with *Nux vom.*, although the hepatization was daily diminishing. On the 29th August he could get out of bed for a couple of hours. The appetite had returned during the first day of the treatment, and he was allowed to indulge it. He felt quite well, only bodily weakness.

We shall conclude these extracts from Dr. Grauvogl's book by giving one of his cases in the full detail in which it is related, in order that our readers may judge for themselves of the author's manner of recording the results of his experience, and may see and admire the wonderfully discursive character of his style of writing.

"In September, 1861, I received the following letter from a well-known homœopathic practitioner.

"'You will pardon me if I take the liberty to beg you to have the benevolence to give me your kind advice for my disease. I hardly think that I do wrong in making this request; and I think you will agree with me when you read the following description of my sad state, that I am much in need of help.

"'I am fifty-three years old, of nervous constitution, and from my youth have been subject to hæmorrhoids. I have tried everything for them but with merely transient effect. Latterly, a hypochondriacal state of mind has come on. Homœopathy and the water cure have done but little for my complaint. My mode of living since I was a young man has been quite plain. I used to drink almost daily from two to three glasses of beer, smoke, and eat ordinary food. Married at twenty-three, I have had eight healthy strong children. I have never had syphilis, rickets, or scrofula, but when a boy I had itch, which may have been suppressed too quickly with ointments. Although I never indulge too much in sexual intercourse with my wife, still I have always felt a pressive pain in the testicles after coitus, which is worse the more frequently the act is repeated, but less as

the act is performed at longer intervals. The pain is worse when standing, but ameliorated by walking and still more by lying. This symptom is probably the effect of former sexual sins when a young man.

" My hæmorrhoidal pains, which were particularly bad when I was about thirty, annoyed me after every motion of the bowels by their burning sore pain. In later years this pain left me, and the piles would only swell if I drank an extra glass in the evening. They seldom bled; it was only after cold sitz baths and lavements which I took a few years since that bleeding at stool frequently came on, which, however, gave me no relief.

" 'I am very nervous, and could not take the sitz baths under 16° R., because if I used them at a lower temperature I would get an attack of fever.

" 'In 1859, I became again subject to violent burning sore pain and protrusion of piles after every stool. The pain after stool was very violent and often lasted hours. As no medicines availed, I resolved to adopt a vegetarian diet. Hence since September, 1859, I have eaten no meat, and drunk no beer, have left off smoking, and eschewed stimuli of all sorts. My breakfast and supper consist of milk and bread, my dinner of vegetables, farinaceous and milk diet, my drink water. I steadily resisted my great longing for animal food. I now and then took a dose of some homœopathic medicine. *Calc. carb.* and *Sepia* 200 acted beneficially on my health. At the same time, I daily practised curative gymnastics according to Dr. Neumann's direction in his *Hausgymnastik*.

" 'My sufferings became more tolerable, still the pain after stool in the piles very often plagued me, and I became subject to low spirits, which I may describe as a feeling of internal annoyance, with a peculiar sensation of oppression in the neck, which comes on particularly when walking in the open air. Last winter I noticed now and then that I grew more easily tired when walking for a length of time, and my friends observed and wondered at my staggering gait, which, however, only came on when I had been walking for some time.

"'Last spring I became acquainted with *Baunscheidtism* and got hold of Baunscheidt's book. The high testimonials there given as to its marvellous effects in hæmorrhoids and hypochondriasis prompted me to make a trial of *Baunscheidtism* for my complaints. I accordingly proceeded to use it and practised its manœuvres at intervals of ten days on my back, sacrum, the whole extent of the belly, the outside of the thighs and the calves seven times, the last time seven weeks ago.

"'The effect has been very bad. After the fifth injection (*Einschnellung*) my left shoulder swelled, and became painful. Soon afterwards I got an ulcer discharging pus for a long time on the outside of the thigh, and another on the left forearm. The red pimply eruption spread all over the body. The pimples, of the size of a lentil, are so elevated in many parts of the skin that they resemble warty excrescences. They are chiefly seated on the vertex, above the ears, on the forehead, the left side of the nape, between the scrotum and right thigh, very sparsely on the penis, and about the anus. Small scabs form upon them, they itch but slightly, and the itching is relieved by scratching. At the same time the third left rib swelled near the sternum with tenderness on external pressure. My knees became stiff, so that I could with difficulty go up stairs. An aching heaviness came on in both shoulders, with tenderness to the touch. Great tenderness in some small spots of the thorax, aggravated by breathing deeply, and by eructating, but not lasting long, often tormented me. But the most painful affection was a rheumatic, throbbing, tearing pain in the head, which went quite off after taking *Merc. Sol.*, *Nux Vom.*, *Bry.* In short, as a consequence of this *Baunscheidtization*, a rheumatic affection has come on that has now lasted six weeks.

"'In order that you may have an exact idea of my complaint, I shall describe my present condition.

"'Rheumatic tensive pains in the left side of the neck; aching pain on the shoulders, with tenderness of the shoulders to pressure; dislocated pain of the shoulders and arms on raising the arms; tenderness of the bones, especially of

the left hand, so that I can scarcely lift a small weight, *e. g.*, a book; tenderness of the third left rib to pressure; redness and swelling of the skin of the point of right elbow. A slight knock against a hard substance with the hand a few days ago caused a dull tingling pain in the hand. Tenderness of the spinous processes of two lumbar vertebræ to pressure (at present only one of these is tender); painfulness in the bend of the right elbow, and on the upper part of the right forearm, especially on turning the hand outwards; paralytic weakness (and paralytic pains) of the legs, especially the right one, with painfulness of the knee-joint when flexing or extending the leg. When sitting on a chair I can only raise the right leg when it is extended. Raising the leg while the knee is bent is impossible, owing to the pain in the knee-joint. Weakness of the knee-joint when walking in the room. Sitting down and rising up from a seat can only be performed with the assistance of the hands, and great effort. I cannot walk upstairs. Pain in the heels, especially the left one, when rising up and standing preparatory to walking; redness of the uvula and soft palate, with pain in the throat, especially when swallowing saliva (this symptom is much better); a red pimply eruption about the anus, and between the right thigh and scrotum, almost warty and raised above the skin, itching little. At first it was on the forehead, now on the crown, above the ears, in the nape and on the front of the chest. Boil on the right arm towards the axilla. For some days past slight œdema of the feet; sighing respiration. Pulse 90. Lachrymose humour, despairing of recovery.

"'I should state that my pulse was always rather quick, and that the pains seem to be seated in the bones, are only aggravated by pressure and motion, and that the upper articular ends of the tibia immediately under the knee-joint are painful on pressure. I have not examined the urine. Sour-smelling perspiration at night.

"'The above symptoms occurred after the employment of *Baunscheidtism*. But in order to give you a more exact notion of my malady, I will mention the symptoms that have troubled me for a long time, and are still present.

"'Confusion, humming, weight, and fulness of the head. Dazzling before the eyes, roaring in the ears, mucous râles, heat in the mouth, fœtid smell from mouth, appetite and digestion good, protrusion of piles at stool, burning and sorenese in the anus after stool, aggravated by walking, relieved by sitting and lying. Cracking of the joints, feeling of swelling and difficulty of moving the fingers, aggravated by walking in the open air, and in bed in the morning. Powerlessness of the hands when writing. Writing is very difficult for me. Hardness and thickening of the skin on the left toe-ball, with pain when walking in the street as if I was treading on small stones; tendency to perspire; sour-smelling perspiration; sensation in the left shoulder as if a fibre was suddenly torn or pulled out; aching in the testicles after coitus, relieved by sitting, still more so by lying; tenderness in the groin from the pressure of the truss-pad; the hernia having been very troublesome since the *Baunscheidtism*, although I have not worn a truss for a fortnight (better now).

"'For these sufferings I have taken *Merc. sol.*, *Nux vom.*, *Bry.*, *Tart. em.*, *Sulph.*, and *Colch.* Since the 7th September, I have been taking *Rhus*. I have taken two drops of the 2nd dec. dilution at first every six hours. Now (21st Sept.) I take a dose night and morning. As the result I may say that the pains in the throat, left hand and groin, and the eruption are somewhat relieved. I have not observed any striking effect such as occasionally occurs in our practice.

"'I am the father of seven helpless children, without any fortune, and the support of my family depends solely on the income I can earn by my practice. Therefore I am in a very sad position, and can only look with gloomy forebodings into the future, for I fear that complete paralysis of my legs may come on.'

"Then follows a repetition of the request made at the commencement, and the conventional form of ending.

"No one conversant with the matter but knows that the physiological school has no name for such a disorder, and not having one, she is not in a position to say what

there is really to deal with, at the most she could see a hæmorrhoidal affection, a paralysis, &c. Hence, she cannot make a constitutional diagnosis, consequently no natural indication or prognosis.

"According to the latest and most important—important, that is, in the physiological school sense—work of Dr. Eisenmann called *Bewegungsataxie* (Locomotor ataxy), the symptoms: Pain in the testicles after coitus, easy exhaustion, staggering gait, inability to raise up the leg in a flexed position while sitting, to go upstairs, to sit down and rise up without the aid of the hands; difficulty of using the fingers; powerlessness of the hands when writing, and of the left hand so that he cannot lift a book; paralytic weakness of the legs; weakness of the knees when walking; pain in various parts of the body, and melancholy disposition, all together form the picture of derangement of the co-ordination of the muscular action, in other words, they are 'the essential signs of muscular ataxy.'

"But Eisenmann's plan of cure is very short for 238 pages of pathology, and consists of this: 1. To remove any cause of disease that may be present; 2, to 'combat' the morbid diathesis that may have been produced by the morbific causes; 3, after 'combating' the morbific causes, to restore to the normal state by means of suitable but 'cautious' exercise, *i. e.*, 'rational' gymnastics, the motor functions.

"But the physiological school knows neither the morbific causes nor the morbid diathesis in this case, and rational gymnastics had already been employed in vain, so that in this instance the science of the physiological school would have been wrecked on the sandbank of its ignorance.

"As regards the above 'combating' Eisenmann says: '*Iodide of potassium* cannot do it, neither can *Cod-liver oil*, at least, I once saw it of no use in a case of tabes dorsalis except that it removed the chronic arthritic pains. Whether *Nitrate of silver, Corrosive sublimate*, or *Arsenic* can do it, who can say?'

"Such is the wisdom of Professor Eisenmann, in his own words!

"What can these doctrines of the physiological school avail me in the attempt to cure this patient? The best thing I can do with them is to abandon them to the winds, so that they may be borne away to the ocean of oblivion.

"None of these remedies recommended by Eisenmann 'by way of experiment' are indicated according to the principle of similarity in the case before us, consequently they are all inapplicable for further experiment (if homœopathy could ever think of making such senseless experiments on patients), except for the poor empirics of the physiological school.

"For sceptics the history of the case contains too few objective facts. We do not find in it even that symptom noticed by Romberg—'that all patients affected with motor ataxy are unable to stand or walk in the dark or with closed eyes without staggering or reeling,' nor is there any record of an analysis of the urine; how then is it possible to form a diagnosis, let alone an indication and a prognosis?

"For the dogmatists of the physiological school, who think the autopsy the main thing, without which it would be absurd to think of making a diagnosis, it would be necessary that they should make a journey to the patient, or he to them.

"So dogmatism, scepticism, and empiricism cannot be invoked, and even had I then read Eisenmann's book, his therapeutics would have left me in the lurch.

"I received the patient's letter on the 23rd September, and after well considering it, I replied as follows:

"'In your letter you give a very good description of the symptoms that usually attend the progress of sycosis which you may have incurred yourself or inherited. Be so good, therefore, as to take immediately *Thuja* 30, night and morning, and besides that *Natrum sulph.* 3 every hour, both in the dose of four to five drops in a spoonful of water. I would, at the same time, beg you not to fast or do penance, for no form of sycosis can be cured without generous diet, without good nourishment supplied to the healthy organs. I will not say you are susceptible of a perfect cure, but I can assure you that you are capable of being so far restored

that you will be able to resume your professional duties, &c.' The remainder has nothing to do with the history of the case.

"Verily such a system of low diet, which is, I am sorry to say, still often enjoined by homœopathists from arrant misconception of the facts, by which the patient is often compelled to live almost on air, not only checks the spread of homœopathy, but often deprives the practitioner of his greatest instrument in effecting a cure.

"I shall now mention—1st, the symptoms that led me to my diagnosis; 2nd, what induced me to give two medicines in alternation—a practice regarded by the orthodox homœopathists with such horror.

"1. The following symptoms are characteristic for the sycotic form of this disease:—Swelling and suppuration of the axillary glands; ulcers on the outside of the left thigh; eruption of wart-like pimples on the indicated parts of the skin; swelling of rib in the left side near the sternum; stiffness of the knees; the various so-called rheumatic pains; redness of the soft palate with sore throat, especially when swallowing the saliva; pains in the bones; cracking of the joints; all the symptoms pointing to the muscular ataxy of Duchenne and Eisenmann.

"2. That, in accordance with this diagnosis, *Thuja* is indicated must be obvious to all acquainted with the homœopathic provings. But *Thuja*, as its provings and clinical experience show, is not capable of curing that pimply wart-like eruption; *Natrum sulph.* is the only remedy for this. But this pimply eruption is the most dangerous form of this malady. If not speedily removed it will spread over many parts of the body, particularly the neck and clavicular region, and will develop into great patches, which the inexperienced might confound with struma and similar glandular swellings, and treat improperly, although it occurs in places where there are no glands. I am convinced of this by seeing many patients who have come to me, not only such as have been treated by the hurtful procedures of the physiological school, but even such as have been under homœopathic treatment.

"We have here a practical proof that the axiom under no circumstances to administer more than one remedy at a time is not always correct. There is no question of giving mixtures of medicines, for these would require to be first proved upon the healthy, if we would not needlessly throw ourselves back upon empiricism and the unscientific uncertainty of the physiological school.

"As our homœopathic Materia Medica teaches us nothing respecting this action of *Natrum sulph.*, and it is yet indispensable, we have here an instance of the necessity of enlarging and perfecting the homœopathic Materia Medica and other doctrines of homœopathy by the method of induction."

Here follows a long argument which would be hardly understood by the reader who has not made himself familiar with Dr. Grauvogl's notions respecting the *hydrogenoid constitution*, but which may be briefly stated to be that *Natrum sulph.* has been repeatedly proved to be curative in such affections, and we may, therefore, infer that its action is homœopathic, depending on its as yet unascertained power to cause such affections in the healthy body. We shall, therefore, content ourselves with giving the result of the treatment as succinctly as possible. On the 18th October the patient writes:

"'The rheumatic tensive pain in the left side of the neck, the tenderness of the third left rib and of the spinous processes of the lumbar vertebræ, the red pimply eruption between scrotum and thigh, the sighing respiration, the lachrymose humour, the desponding spirits, the œdema of the feet, are all gone.

"'Ameliorated are—the aching pains in the shoulders, the tenderness of the bones of the hands when lifting small objects, the pain in the elbow-joint when bending the arm, the paralytic weakness of the left leg whereby getting up and sitting down are rendered easier, the red, pimply eruption on the head and nape, and the pain as if a fibre were torn out of the right shoulder. Also a swelling along the coronal suture with tenderness to pressure, which I forgot to mention in my letter. The abscess in the right arm

near the axilla which burst and discharged and then healed again, is now disappearing by absorption.

"'I must also mention that in the morning and forenoon the symptoms in my legs are relieved, and that the swelling of the knees, especially of the right, disappeared, and my legs feel best when lying in bed. As I experienced one night severe burning, smarting, tearing, and itching in the eruption about my anus, I applied *Thuja* externally, whereby the pain was relieved, and the condylomata diminished to one third.

"'A symptom I have had for years, cracking of the ankles on stretching out the feet, is aggravated, so that I must hold the joint quite still in getting into bed, when the pain goes off. The noise in the head and ears has become much worse. To this has been added a sort of dulness in the brain, which, however, does not interfere with conversation.'"

With various alternations the cure proceeded. The treatment continued, in the main, the same, only the patient's fears induced him to take an occasional intercurrent remedy, always returning to the *Thuja* and *Natrum sulph.* On the 12th April he writes that he has completely resumed his professional duties, can walk for hours, and even go up stairs without difficulty. On the 23rd June he wrote that he was perfectly cured.

In conclusion, we feel ourselves bound to state that Dr. Grauvogl's book is both interesting and instructive. It shows him to be a man of great scientific knowledge and an original and profound thinker, and though we have objected to his discursive style, we can confidently recommend his work as one of the most valuable and original from the pen of a homœopathic writer that we have read for many years.

CLINICAL RECORD.

Hooping-cough, complicated with Bronchitis. By Dr. RANSFORD.

CASE 1.—Flora ——, aged eighteen months, has been suffering for three weeks from hooping-cough—a fresh contracted cold has aggravated the symptoms. My attendance was requested on May 27th, 1867, at Penge. The residence was in a low damp part of the hamlet, the child was suffering severely from bronchitis, in addition to the frequent and long-continued fits of hooping-cough; she was so extremely restless and irritable, that auscultation was impossible, and I had great difficulty in feeling her pulse, which was very small and considerably beyond 100—exactness is impossible; fever was high, thirst great, appetite nil.

Belladonna 3, *Phosphorus* 3, *Bryonia* 1 in succession afforded considerable relief, but the most marked benefit was apparent after *Corallia rubra*, which was given for eleven days, when an alteration of symptoms called for *Ipec.*, three days after the administration of which diarrhœa, coldness of the surface, great prostration, and lividity of countenance induced me to administer *Arsenicum* 3; with its results I was not disappointed—but notwithstanding I felt it my duty to prescribe brandy and water every hour. The child had taken very little nourishment for sixteen days; from this time beneficial reaction set in and the patient was convalescent within a month from my first visits. At my suggestion she was removed to a drier and warmer locality. When I first adopted homœopathic principles and practices I was deterred from using stimulants in disease on account of wine, &c., being *printed* as antidotes to many of our remedies. I am now convinced that this fear is erroneous. I do not believe that this child would have recovered without brandy or wine or their equivalents.

Case 2 was an infant aged eleven months living at Sydenham, who, in addition to well-marked hooping-cough and a slight amount of bronchitis, has been repeatedly convulsed. The parents, having lost two infants by convulsions at about the same age under allopathic treatment, sent for me. My prognosis was of course very unfavorable, especially as the child was dry-nursed. My first prescription on February 25th, 1868, was *Bell.* 3 and *Ipec.* 1, alternately; but after three days I omitted them and substituted

Corallia rub. 3rd trituration. This invaluable medicine was continued without intermission for fourteen days with much benefit, then the character of the cough changed somewhat, and I was led to substitute *Drosera* for it, but after a week returned to *Corallia rub.*, from which I did not change (except as will be presently mentioned) until March 24th, then *Veratrum viride* was ordered and continued until April 3rd, when from the peculiar cerebral symptoms I returned to *Corallia rub.*, with satisfactory results; and no change was afterwards made except the very important one of change of air to Bournemouth, from which sanatorium he returned perfectly free from complaint. In the course of treatment I was induced to discontinue the *Corallia rub.*, because of a large ulcer inside the lower lip, caused by the teeth during convulsion; this ulcer healed under the application of *Arnica* and honey. I lanced the upper and lower gums twice, but without perceptible advantage —eight teeth had appeared, but no more pierced the gums until after convalescence. A very unfavorable complication existed—the child was blind and deaf, she did not hear nor notice anyone. I repeatedly tested the pupils by a lighted taper, but no contraction followed; the precise time of recovering light and hearing I cannot mention, because no one knew. They gradually and imperceptibly returned to their normal condition, and remained so with no alteration in the intellectual faculties. I believe that *Corallia rub.* has a very marked beneficial effect in such cases as this where the peculiar condition of the brain exists—attending convulsions—there were seven, the thumbs being turned in towards the palms of the hands. The bowels were usually constipated, but I prevailed upon the friends not to have recourse to *Castor oil*, and none of that nor any other purgative drug was used.

A case of Paralysis of the Vocal Cords.

By George Moore, M.D.

In February, 1867, a clergyman, aged 35, consulted me respecting his voice, the present condition of which he attributed, rightly or wrongly, to a strong solution of nitrate of silver having been applied for sore throat by a doctor at San Remo, where he was residing two years previously. He had been in delicate health for some years, and occasionally saw a well-known London doctor who was of

opinion that one lung was not sound. Shortly before coming under my observation he had likewise consulted a gentleman in London, who is said to have the power of curing all diseases with the 200th dilution of homœopathic preparations. The patient stated that so far this power had not been displayed in his own case. I carefully percussed and auscultated his chest, but without finding any reliable signs of tubercular mischief. His voice was weak, reedy, and without timbre, and there was slight "gobby" expectoration in the morning. To the naked eye, the throat was natural, save that the back of the pharynx was dotted with a few enlarged follicles. In all other respects he was fairly well. On subjecting him to a laryngoscopic examination, according to my usual practice, the only deviation from the natural condition of the larynx was seen to be a failure of the vocal cords to approximate during vocalisation. The paraphonia was consequently demonstrated to depend on paralysis, and this discovery at once suggested treatment by galvanism, or, that failing, by injections of strychnia. As he was on the point of leaving my neighbourrhood for Torquay, for a six weeks' sojourn, I instructed him how to manage the galvaniser contrived by Mackenzie on the suggestion of Lewin, of Berlin. In a short time, though not with the magical speed of some writers' patients, he recovered the use of his ordinary voice.

This case is, I think, instructive in showing the great practical value of the laryngoscope as an aid in the diagnosis and treatment of laryngeal diseases. Had the diagnosis been based solely on the general symptoms, as was formerly done, the case would have been placed in one or other of those convenient refuges for ignorance or error—clergyman's sore throat, or laryngeal phthisis. And the treatment, whether by the substitutive action of nitrate of silver, or the dynamical action of homœopathic remedies, would have been mere hide-and-seek work. This instrument, however, by rendering an inspection of the larynx comparatively easy, enabled me to connect the indefinite general symptoms with a definite pathological condition, and not only to positively prognosticate recovery, but also to advise a line of treatment, well-aimed and to the point. As the peculiarity of the voice above described is common to several different morbid states of the glottis, such as thickening, congestion, ulceration, constriction, polypus, and other growths, it is clear that conjecture and speculation must usurp the place of certainty and dogmatic diagnosis unless the laryngoscope be employed. From my own experience, I consider that most writers exaggerate its

practical difficulties. With patience a good working power over it can be acquired by every one in a short time. In consideration of the additional hold it gives us over a large class of very common diseases I would strongly urge on my professional brethren no longer to be deterred from mastering its manipulation. Dr. Johnson's treatise contains the best and simplest exposition of the capabilities and management of the instrument, and I can strongly recommend it to the beginner.

Apocynum Cannabinum. By A. LINDSAY, M.D.

Dr. Lindsay sends the following report of the use of *Apoc. can.*, in his own case:

"I had a very severe hæmorrhage from the lungs some eleven years ago, raising more or less, some twelve or fourteen times during four or five days. It was then some four months before I could talk aloud, but by leaving the city (Roxbury, Mass.,) and coming up among the New Hampshire hills, I have kept along and done a good deal of work, with a few slight attacks, till last fall. I was taken without any warning a few days after returning from a journey to New York and Philadelphia, the blood almost pouring out to the amount of half-pint; this was about 8 a.m. At 10, another attack, in which I raised something more than a half-pint; at 6 p.m., and 9 in the evening, two more attacks, each time about half-pint. I had taken *Acon.*, *Ham.*, *China*, *Senecio gra.*, *Oil erigeron*, &c., with only temporary relief. After the fourth attack I told my wife that I could not live through many more turns, and to prepare some of the *Apoc. cann.* 1st, and have it ready to give if I should have another attack. About 6 o'clock next morning it commenced as furious as ever. I took the *Apoc. can.* every few minutes; it began to check at once, and by the time I had raised half the usual quantity it had ceased entirely, with no return since. I continued to take it occasionally for a few days till I began to feel the vital powers returning. I also applied cloths wet in strong *Arnica* tincture externally for a week or two. I could seem to feel the effects of the *Apocynum* in one minute after taking the first dose, and I think it had wonderful power at that time.

"Dr. L. writes, October 18, 1867: "When I was writing to you before, I did not think of writing out my case for publication then

or I would have written it a little more carefully; but was intending to ask you if you had used the *Apocynum cannabinum*, or knew of its being used in hæmorrhage of the lungs, but forgot to ask the question. These are the facts.

"I knew it was a desperate case, and the remedy which had heretofore controlled those attacks, and others suggested by my partner, Dr. Weeks, had no effect. I have been treating a case since I wrote you, of a young man of a consumptive family, who has had several attacks of hæmorrhage. He has been treated by an allopathic physician, but as he seemed to be failing they changed the treatment. *Apocynum cannabinum* was one of the principal remedies I gave him. He commenced to improve immediately. Although he was raising a little dark-coloured, dirty-looking matter every day, it gradually decreased, and became whiter, till now he is about, quite comfortable.—(*Am. Hom. Obs.*)

Crusta Serpiginosa. By R. Arnold, M.D.

P. M—, aged 5 years, light hair, blue eyes, fair complexion, scrofulous diathesis; had been under treatment (allopathic) four months. Found the head and face a solid mass of scabs, dark and rough, adhering firmly, and when removed a yellowish fluid exuded, which excoriated the parts it came in contact with. Body was completely covered, front and back, and the legs to the knees: the child could scarcely walk. I diagnosed *Crusta serpiginosa*, and prescribed *Sulph.*, 6th dec. dilution (4 drops in two oz. of water, a teaspoonful in the morning), and *Calc. carb.*, 12th dec. dil. (a drop on going to bed). Continued this treatment two weeks at the end of which time most of the eruption upon the limbs was gone and the appetite and strength had somewhat improved. I now changed my prescription for *Arsen. alb.*, 3rd dec. dil. (one drop twice a day). She improved rapidly for two weeks, when improvement ceased and the patient grew rapidly worse after eating to repletion of fresh pork very fat. I then gave *Puls.*, 6th dec. dil. (one drop in an ounce of water, a teaspoonful once in four hours), and at the end of two days prescribed *Clemat.*, 6th dec dil. (four drops in two ounces of water, a teaspoonful three times a day), which rapidly cured the case.

The father shows strong marks of scrofulous degeneration of the glandular system.

This is my analysis of the treatment: *Sulphur* roused the system to throw off the disease-producing cause. *Calc. carb.* and *Arsen. alb.* corrected irritation of stomach and bowels, and *Clemat.* effected the complete cure, or complete destruction of a poison seeking for elimination by the excretent powers of the skin.

Tetter.—I have had another case of chronic eruption on the hands, that I cured with *Clemat. erect.*, 6th dil., five drops in four oz. water, a teaspoonful twice a day. The case was diagnosed malignant tetter. (*Med. Investigator.*)

Podophyllin in Chronic Diarrhœa.

By A. L. LENNARD, M.D., Champaign, Illinois.

I was called to visit F. K—, a returned soldier, whom I found suffering with chronic diarrhœa (that fearful disease in allopathic hands). He was in an almost hopeless condition, both mentally and physically. His bowels moved every half hour, the passages looking like the washings of fresh meat. Severe straining and tenesmus attended each stool, and for ten minutes thereafter a severe burning pain was felt deep in the rectum. He had a severe cough, tongue coated with a thick brown fur, and stomach so weak that rice gruel would not digest. He said he had a large *ball* in his stomach, which if removed he would recover. He had been "plugged" with *Opium* and acids, but as soon as their effects passed off he was worse than before.

Believing *Podophyllin* indicated, I administered it in the first dec. trit., one grain after each passage. In forty-eight hours the passages were changed, and the medicine was taken every two hours. In eight days he was full of hope, and the medicine, in the third trituration, was taken three times each day. At the end of six weeks I discharged him cured.

I have treated over twenty-five such severe cases in the last three years with the happiest results. In certain forms of dysentery, in all of its stages, I have found this a valuable remedy, especially in connection with *Aconite* and *Colocynth.*

I use the different triturations as the symptoms indicate.—(*Med. Investigator*).

Interesting Cases of Tænia Solium.

By T. G. Comstock, M.D., St. Louis.

Tænia Solium, or Tape-Worm.—Within the last year I have treated several cases of tænia, and I wish to caution the younger members of our profession against the belief in the possibility of ever ridding patients from this parasite by infinitesimal doses. It is both impracticable and impossible to treat tape-worms except by tænifuge remedies, and in appreciable doses, sufficient to kill or benumb the beast, so that it may be voided by the bowels.

Case 1.—Mrs. R—, æt. 43, married and has children; has been in delicate health ever since she left England. She came to America fourteen years ago, and while crossing the sea says she passed an enormous tape-worm. Since then, although often unwell, she has never named the above circumstance to any physician. For the past year, she has never felt well, but had no idea of the cause of her illness. She consulted me April 2nd, 1867, and informed me that for six months past she had passed at stool pieces of a worm; sometimes several at a time, but none were longer than two or three inches. I required her to bring me a specimen, and found them to be the joints and sections of a tape-worm.

The diagnosis here was certain, because the *corpus delicti* was manifest. The symptoms she suffered from were as follows:—Irregular appetite; sometimes it would be voracious, but often quite gone; breath bad; flatulency; frequently rumbling in the bowels, with colic pains; passes restless nights, with bad dreams and low spirits; headache; dizziness; vertigo and impaired vision; countenance of a peculiar cast, indicating some internal disease. As the diagnosis was very clear, I ordered her to fast for twenty-four hours, and at bed-time to take half an ounce of *Kousso*, infused in a pint of warm water. This was to be taken in three or four draughts, dregs and all. A fresh lemon was ordered to be taken before and after swallowing the *Kousso*.

This dose was to be repeated at 6 a.m. the following morning, and at 8 a.m. a tablespoonful of castor-oil, twenty drops of turpentine, and half a drachm of *Ether*, were to be taken, mixed together. After taking the first dose, the patient, at 5 a.m., passed more than thirty feet of tape-worm.

During the day the second dose of *Kousso* was given, as also

the oil mixture. Only a few more small pieces were voided. The patient was ill for about one week after, complaining only of weakness; but at the expiration of the week she began to improve, and continued better than for two years previous. At the expiration of five weeks, although she had no unpleasant symptoms, she still imagined that she had a tape-worm. An ounce of *Kousso* was prescribed, and taken in two doses, followed by the oil mixture. Thirty hours after taking the first dose, she passed the residue of the worm, measuring over twenty-five feet. Since then, up to the present time, she has been in perfect health. I might mention that she took, for two weeks previous to the time I gave the last dose of *Kousso*, about an ounce daily of pumpkin seeds, hulled, and pounded up to a pulp. They were not efficacious, however, until the *Kousso* was administered.

Case 2.—*Insanity and derangement of the nervous system, caused by the presence of a tape-worm.*—Miss T—, a native of Baltimore, æt. 21, a young lady of the highest connections, was sent to St. Louis to spend the winter with some relatives here for the benefit of her health. She had been under the treatment of the first allopathic physicians in Baltimore. She had been for six months in an insane retreat, and her physicians never had the slightest idea of the nature of her malady; it was not hereditary, and no cause could be assigned for it.

Her reason partially returning to her, she was removed from the retreat, and came to St. Louis. When I was called to her, in May last, she exhibited the following symptoms: she was of a slight and rather frail figure, light complexioned, of a peculiar countenance, looked pale and anæmic, had suffered from amenorrhœa, and the menses were still scant. She was nervous, hysterical, easily frightened, passed restless nights, had frightful dreams, was constantly low-spirited and melancholy, suffered from palpitation of the heart and fainting turns. Her friends considered her weak-minded, and liable at any time to again lose her mind. The young lady herself shared in these fears, and was constantly brooding over her misfortunes, and fearful that she might become hopelessly insane; and what is remarkable, no physician had ever spoken to her about her having a tape-worm, but she would often dream of them, and imagine that she had one. In questioning her, she informed me that recently she had passed small worms, she calling them "pin-worms." I requested her to exhibit to me a specimen, and found them to be pieces of tape-worm. I ordered

her at once to fast for one day, and at bed-time to take half an ounce of *Kousso*, in the form of a tea, with lemon juice, as in Case 1; this dose to be repeated in the morning, and followed, in four hours after, with *Castor oil*, *Turpentine*, and *Ether*. In the course of the forenoon she passed over forty feet of tape-worm, and for thirty-six hours after she continued at times to void small pieces of the worm. This young lady returned to Baltimore, and is in perfect health.

A new tænifuge.—Some two years since, a new remedy for tape-worms was brought to the notice of some physician in Bavaria. A peasant mentioned to him having passed a tapeworm after eating cocoa-nut rind and the contents of the shell, and spoke of it as a certain remedy for tape-worms. Of course the medical man was sceptical, and naturally thought the enjoyment of such a pleasant tropical fruit as cocoa would rather tend to promote the growth of tænia, instead of expelling them. He, however, tried it, and found that it was really effectual in expelling these parasites. A notice of this fact I read in the *Criminal Zeitung;* and since that time I have experimented with the cocoa-nut in similar cases. In one case, a lady, aged fifty-two years, had been out of health for years, when, at last, the existence of a tape-worm was suspected. The cocoa-nut was prescribed and eaten freely for two days, to the exclusion of all other food. The result was the expulsion of a tape-worm fifty-four feet long. The lady enjoyed good health after this. Three other instances came to my knowledge of friends of this lady, who, hearing of the marvellous effect of the cocoa-nut, took the same remedy, and each one voided tape-worms.

I have prescribed the cocoa-nut for other worms in children. The result has been negative, except in one case, where two lumbricoides were passed. Other tænifuges, such as pumpkin seeds and male fern, are sometimes very effectual, and I have used them occasionally in years gone by with success. I have rarely had the good fortune to see the head of the worm. The worm becomes more and more slender toward the head, which latter is minute and hemispherical in shape, not larger than the head of a pin. The worm is liable to break off near its head; but there is good reason to believe that in most cases the head will die, or be passed off with the evacuations, and perhaps be not perceived. This is, however, not always the case, as it may grow again, unless passed entire. A case recently occurred in Carrolton, Ill.,

where a man passed a tape-worm three hundred feet long; and one is on record as happening in Italy, where one was passed eight hundred feet long.—*Med. Investigator.*

What was it?

A. B—, æt. 32, of a large, rather plethoric form, light hair and eyes, had a scrofulous affection in 1849, for which he took blue pill for a long time without benefit. Finally, in '52, he took *Corrosive sublimate*, sixteen pills a day, but does not know how much each pill contained. With the above exception, he enjoyed good health till December 25th, 1866, when he noticed a swelling on the upper part of his right thigh, inner surface, near the groin. He thought it was a boil. There were other smaller swellings around it. The largest of these swellings had a scab on it, which he picked off. It looked purple, or bluish-red, underneath. On the 28th, he squeezed it, when it opened out like a cauliflower, the edges being everted. I saw it first, January 7th. It had been touched, a day or two before, around the edges, with *Nitrate of silver*. It was elliptical in shape, nearly two inches long, and more than an inch wide, and projected about one-fourth of an inch from the surrounding skin. It was of a dark purple hue, looking somewhat like the skin of a very dark grape; and the dressing, when removed, was found to be full of blood; no pus. It was very sensitive to the touch—so much so that, the day before, he fainted away from having it touched with a sponge. It was quite painful when he moved about; but when he settled down on his lounge, it was less painful. He described the pain as a fine pricking, like that of a needle. Around this there were several little prominences, of about the size of half a small pea—purplish on their tops, and looking as if they were ready to break out, as the first one had.

The first prescription was *Arsenic*. I saw him next January 9th; and, in the meantime, had been seeking what light I could find on the subject. I thought it a case of *Fungus hæmatodes*, plainly enough—the first I had ever seen. I could not find any writer who gave a very cheerful prognosis of this disease—amputation at the hip-joint, with death at the door, seemed the only resource offered by allopathic authorities. Homœopathic were but little better. I found a case of Hering's, (*Archiv.*, Bd.

IX, H. 3, S. 153), in which he cured a negro in Surinam, in six months, with *Phosphorus;* his indication being that *Phosphorus* produced this symptom: "Slight wounds bleed freely." I thought this rather a faint indication; but mine was poorer yet, for I merely followed Hering. However, I decided upon *Phosphorus*, and gave him six pills of the 30th, every four hours, dressing the sore with a tomato poultice. By the 13th, I thought there was some change for the better. On the 15th, it was very decided; the sores around had nearly disappeared, and the large sore was much smaller; it could be touched now without pain; the edges of the sore were raised, and somewhat ragged; the sore bleeds less; the general health is pretty good—the appetite as good as could be expected; sleeps very well, although the pain keeps him awake some.

The same treatment, internal and external, was kept up without any change till the 19th, when all sign of the fungus had disappeared, and there was a simple superficial sore, much smaller than the original one, and showing an evident disposition to heal kindly. On the 21st, he walked out, and on the 26th, the whole affair was almost entirely healed up. As he wanted to go about, I told him to dress the place, which was yet tender, with *Camphor ice.*

On the 28th, he called at my office. The upper half of the site of the sore was somewhat hard, as was the adjacent tissue; and at the very extremity, it was pouting, and had bled a little. There was a small prominence, as large as a split pea, which looked almost black. I directed him to return to the tomato poultice, and continue the use of *Phosphorus;* and in a few days the part was entirely healed up, and has continued so till the present day, December 20th, 1867.

The question with which I began, returns again, "What was it?" All my allopathic neighbours who hear the patient describe his case, unite in saying that he gives a very accurate description of *Fungus hæmatodes;* and they all agree, too, in saying that it never could have been *Fungus hæmatodes*, because—it got well, substantially, in about a fortnight, and—under homœopathic treatment! The most of them say it must have been a carbuncle; but of these I have seen no lack, and it was no more like a carbuncle, in any particular, than it was like a comet.—(*United States Med. and Surg. Journ.*)

Treatment of Fistula in Ano. By H. F. ADAMS.

I am well aware that the treatment and cure of this terrible infirmity otherwise than by surgical means, has always been considered an utter impossibility by medical men of all classes; and our text-books on surgery all contain minute directions for the performance of the operation for the eradication of the fistula. Having, in the course of a somewhat extended practice, met with several cases of this disease, for most of which operations were performed, from which the patients were a long time in recovering, and one (at least) of which resulted fatally to the patient, though not under my treatment at the time, I determined to attempt the cure of the next case that presented itself to my attention; and following out this resolution I have come to consider this disease as manageable as any of the numerous other difficulties which the old school consider can only be treated by the knife and often at the greatest risk of the patient's life; and now I propose briefly to detail the treatment of one of these cases. About April 10th, I was called on by Mr. B— of our village, who requested me to visit his wife, who he said was all run down and used up, Accordingly I visited the lady, who said she was suffering from piles, and complained of great itching and burning, and much tumefaction of the anus and the rectum; there was no constipation of the bowels; so I prescribed *Collinsonia* 6, a powder every three hours; and called the next day, when I found my patient entirely relieved of the symptoms complained of the day before; but she informed me there was another difficulty which she had not told me of the day before, which was really the most serious difficulty that she suffered from: she said there was a bunch just above the anus, which, whenever she exerted herself much, was sure to gather and break. Suspecting the presence of fistula, I persuaded her to submit to an examination, when I found my suspicions true, and so informed her; she told me she knew that such was the case, as several physicians had previously examined her, and all of them concurred in assuring her that nothing but a surgical operation would remedy the difficulty. I assured her that the case was susceptible of cure without any resort to surgery, and proposed to undertake the case at once, to which she assented. I found the concomitant symptoms present as follows; viz, great soreness and pain throughout the entire back, from the sacrum to the shoulders; this, whenever the patient per-

formed any labour, was greatly increased; the fistula would close up, and inflammation and suppuration follow. There was also present an acrid leucorrhœal discharge, which was very prostrating in its effects; after careful consideration of the symptoms, I prescribed *Berberis* 30m every three hours, which was continued regularly for one week, when I again saw the patient, who, although she had been engaged in moving and house cleaning, reported herself much better; continued same treatment another week, when the patient thought herself so well as to require no more medicine. Discontinued the treatment for a few days, when the patient came to my office and desired more medicine, symptoms of a return of the disease showing themselves; gave her a few powders of the same remedy (*Berb.* 30m) requesting the patient to report if any worse. In a few days, patient reported herself entirely well, there being no sign whatever to be seen of the old trouble; the leucorrhœa is entirely gone, and the patient continues well to this writing. (*N. Am. Journ. of Hom.*)

Nitrate of Uranium in Diabetes. By B. F. Cornell, M.D.

In May, 1865, Mrs. —— was brought to my house; she was lifted from the carriage, and supported in, when she was compelled to rest for some time before I entered upon an examination of her case. She was entirely colourless, not the slightest appearance of blood in her lips, tongue, ears, or on the entire surface of the body or extremities; her eyes were sunken; her cheek-bones were prominent; her body emaciated; acidity of the stomach; costiveness and hæmorrhoids; palpitation of the heart, inordinate thirst; roaring in the ears, with fainting turns. My first impression was that some great drain from the system caused this train of symptoms. Consequently I inquired, have you any hæmorrhage from the lungs, uterus, bowels or nose? the answer was in the negative. Catamenia excessive or too frequent; still the answer, no. How long has this state of the system existed? commenced to decline about five years ago and gradually increased to the present time. Had been under various forms of treatment by five different physicians in Boston, and several in other places. Had been treated for all the ills of diseased humanity.

I then commenced a more critical examination, in which the

lungs, the heart, the uterus, stomach and bowels were investigated, and still no response. I then examined the spine, and in tracing it down I found tenderness near and extending to the kidneys; this led to the question, how much urine is voided in the twenty-four hours? the reply was, from eight to ten quarts, had never tested it, and as there were several persons present there was no opportunity to do so at that time. This increase of urine had been so gradual and so long continued that she had not supposed it to be the cause of other symptoms. I had just received some *Nitrate of Uranium* from a friend, and decided to try it in this case. I had no proving of the remedy and consequently its use was entirely empirical. I gave her three grain doses of the 3rd dec. trituration three times a day, and requested her to report in two weeks. At the expiration of that time she returned, jumped out of the carriage with but slight assistance, came tripping into the house, her lips and cheeks were red, her eyes sparkling, and the greatest change I ever saw in so short a time. She replied to my inquiry of how she was, that she was well; the urine was reduced to two quarts a day, thirst, palpitation, acidity, and costiveness, all relieved. I gave her more of the same remedy, to use, should there be any return of the symptoms; and now six months later she is perfectly well. Note: fourteen months after the first prescription she is well, and no return of her old complaint. I have since treated several cases of diabetes with *Nitrate of Uranium* with decided success.—(*N. Am. Journ. of Hom.*)

Cimicifuga in Diseases of the Mind. By Richard Koch, M.D.

By close investigation, we find that among the many symptomatic (in contra-distinction to idiopathic) causes of mental alienation, anomalies of circulation—causing either anæmia or hyperæmia of the brain—occur most frequently, Such irregularity of the circulation may arise either from nervous irritation or diseases of the heart, or what is in my experience most frequent, from both combined; because nervous action and circulation are in closer sympathy than any other two functions of our body. These circumstances occur in the female by far more frequently than in the male; a fact that is easily explained by the too great or too little loss of blood during the menstrual period. If occurring in the male, it is usually in those of a

plethoric appearance, and such as have an organic disease of the heart; anæmia or hyperæmia should therefore not be undervalued as a pathogenic circumstance. Cerebral congestions often precede and even accompany attacks of mania, hysteria, melancholy and hypochondriasis. The characteristic symptoms which lead to the supposition of irregular circulation being the cause of derangement of mind, are: frequent and sudden changes of heat and cold in different parts of the body; sleeplessness on account of frightful dreams, which lead to sudden starting up from sleep; great anxiety about one's self without knowing why; hypochondriasis; alternate empty and full feeling in the head; nervous tremors, like a chill, without actually feeling cold; picking with the fingers; small, quick, and irregular pulse; frequent icy-cold hands and feet.

These principal symptoms often accompany insanity, beginning from simple depression of spirits, with full reasoning faculties and control of the will to actual melancholy and mania; and although the former condition is not actual insanity, there is great danger of its becoming so. These signs are always the accompanying symptoms of hysteria; they are in fact very common complaints outside of mental derangement, if we only ask for them, and I have no doubt that most practitioners must confess to meeting frequently cases that have just this group of symptoms. The difficulty of managing such cases, led me to search particularly for a remedy, and I can now assert that the *Cimicifuga racemosa* has answered beyond my expectations, so that I would be inclined to call the above symptoms of disease characteristic of that remedy. The form in which I usually employ it is the second decimal dilution of the tincture, ten drops in a tumblerful of water; a dessert-spoonful every two or three hours.

The following selections, from amongst a number of cases I have recorded, will illustrate the action of this drug.

A young lady, twenty-three years of age, suffered from a second attack of acute mania, of an hysterical character, accompanied with excessive nymphomania. This condition had lasted for several months, and the only improvement by the remedies given was a diminution of the extreme violence of her actions, as many as six persons having previously often been required to hold her. She was, however, not much improved in mind, complained of constant chilliness, with tremors, yet without desire

for heat in the room or warm clothing; cold hands and feet; incoherent talking; restless nights; constipation; suppressed leucorrhœa; pulse quick, weak and frequent. *Cimicifuga* completely cured her in about a week.

Another young female, about twenty-eight years old (single), ceased to menstruate after taking cold, and suffered thereby for several months from dizziness in the head; face alternately flushed, and then pale; delirium at night; frequent feeling of chilliness; dull headache; restlessness; cannot keep the hands still; constantly making various motions with them, as in chorea; feet and hands cold. After administering the *Cimicifuga* for twenty-four hours the symptoms disappeared, and she was able to attend to her business. The menses did not return at that time.

A tall and fleshy man, married (forty years old), came to my office, complaining of great nervousness; picked constantly at the chair while talking to me; was so nervous as to be obliged to come three times before he was able to finish telling me what ailed him; felt always as though something might happen; was on the verge of insanity; unable to attend his store; nights sleepless; pulse irregular; face of a dark red hue; greyish circles around the eyes; chilly feelings. After using *Cimicifuga* for a week, he could attend to his business as well as ever, and is now perfectly well.

These and other similar successes with *Cimicifuga*—which might be called the American *Aconite*—induced me to call your attention to it in connexion with the peculiar but often occurring symptoms above mentioned.—(*Hahnemannian Monthly.*)

Fistula in Ano. By Lewis Grasmuck, M.D.

I. M—, æt. 42; by occupation a farmer; large and robust looking, weight 225 pounds, very stout and active, sanguine temperament, large vitality, and intemperate habits. July 31st, came into my office complaining of the following symptoms: For two or three months past has felt a shortness of breath, tightness and fulness of the abdomen, a constrictive or tightening pain in both hypochondria, severe and continuous pain in the lumbar region, extending down into the thighs, severe sufferings from piles and prolapsus recti, sleepless, excitable, passionate, bowels costive,

and the past few days has been troubled with much nausea and vomiting; appetite variable.

Upon examination found the abdominal walls œdematous, little or no fluctuation perceptible, extremities also œdematous to a serious extent. Considering the dropsical symptoms of the greatest importance, I prescribed *Ars.* 3x trit. one grain powders, three times a day, and directed him to report in one week, intending to follow the *Ars.* with *Nux vomica.* He had become alarmed at his condition and left off drinking. I saw him at the end of the week on the street, very much improved, so much so that I could not induce him to continue the treatment. I afterwards met him frequently and learned that the œdema had entirely disappeared. November 16th, he again appeared for treatment;—his "piles" he said were "killing him." He was reduced in weight about ten pounds, and looked very bad; the pain in the back and down the thighs still continued with great sufferings at stool, appetite poor, nights restless, pain so severe he couldn't sit still a moment. Had in the interval used no medicine, only applied water. I now prescribed *Nux, 3x dil.*, ten drops in a spoonful of water at bed-time; *Sulphur 2x trit.*, on powder in the morning; *Æsculus Hip. Cerate "ad lib.,"* to report in one week. November 23rd, came in, reports himself no better. I was much surprised, having as I thought given the *specifics.* Thinking something must be wrong I at once began a re-examination with the following results: the pain in the back and thighs was less, slept better and the appetite was improved, but there was still severe pain at stool, and a discharge of "matter" from an opening beside the anus. I at once examined and found a fistulous opening very small and scarcely perceptible, one and a half inch in depth near the verge of the anus on the right side, seeming to perforate the cellular tissue in the direction of the rectum. He now admitted that the fistula had existed for over two months, diffidence preventing him from saying anything about it.

I now continued the *Nux* and *Sulph.*, but discontinued the *Æsculus*, and substituted for it injections of hydrastine in aqueous solution, the fistula to be injected twice a day, morning and evening. On Nov. 30th the patient called to get more "Nux," saying it always relieved the pain. Dec. 5th called to get more *Sulph.*, reports fine progress, no more pain at stool. Dec. 14th, called for "more Nux," praising it very much; fistula healing very rapidly, no more discharge. On the 23rd December reports

again; fistula is closed, the scar being scarcely perceptible, all the symptoms have disappeared and he is a well man. Up to the present time, January 29th, he is still sound and there are no indications of a return of the symptoms; should they return in any form, I will at once notify the readers of the *Observer* of the fact.—(*Western Hom. Obs.*)

Neuralgia—Trifacial and Sciatic. By T. S. HOYNE, M.D.

During the month of October, especially the latter part of the month, I had quite a number of cases of neuralgia; and wishing to compare notes as regards the treatment of this severe affection, I have made it the subject of this paper. These "nerve-pains" are frequently very troublesome to relieve, and often exhaust the patience of both physician and patron.

Causes.—A few general remarks concerning the causes of neuralgia may not be out of place, before speaking of the treatment. There is no one who doubts, I believe, that this painful disease is increasing year after year—the increase being due to the frequent or more general use of stimulants (tea, liquors, tobacco, &c.), and to exposure resulting from the prevailing fashions. Facial neuralgia and eye-affections, especially, are often due to the style of bonnets ("a postage-stamp and two strings") now worn by the ladies. Their heads are, in fact, entirely unprotected, except behind, where an immense chignon —resembling a placenta more than anything else—is attached. What influence hoops have exerted in the production of neuralgia, is not as evident; but I think they have increased sciatic neuralgia, a disease seldom occurring in females previous to their use. Other causes of neuralgia are: exposure to cold or damp weather, an anæmic condition of the system, the pressure of a tumour on the nerve, disordered digestion, disease of the bones of the face, and decayed teeth. It is my intention to consider but two varieties of neuralgia at present, viz.: the trifacial and sciatic.

Diagnosis.—The diagnosis of trifacial or facial neuralgia, or tic douloureux, as it is sometimes called, is, in the majority of cases, readily made, when we remember that the pain is generally referred to the terminal branches; although the morbid condition may exist in the motor track of the pons varolii, corpora olivaria,

or anywhere in the course of the nerve. The trifacial nerve, it will be remembered, has three branches: the first, or ophthalmic, passing through the sphenoidal fissure, is distributed to the conjunctiva, integument of cranium, lachrymal gland, upper eyelid, and to the mucous membrane and integument of nares; the second branch, known as the superior maxillary, passing through the foramen rotundum, is distributed to the integument of the upper lip, cheek, nose, lower eyelid, conjunctiva, and teeth of upper jaw; and the third, or inferior maxillary branch, takes its exit through the foramen ovale, and supplies the muscles of mastication, the muscles and integument of the lower part of the face, the teeth of the lower jaw, the tongue, the parotid gland, and the temporal region. Having thus briefly glanced at the anatomy of the trifacial, we are better prepared for the diagnosis.

The prominent symptom is pain, continued or in paroxysms, occurring at regular or irregular intervals—dull if continued, and very intense when in paroxysms; with, in many cases, nocturnal exacerbations. There is more or less heat and swelling of the parts affected, with tenderness on pressure, limited to two or more circumscribed spots, situated in the course of the nerve. Currents of air, noise, light, jarring of the house, eating, talking, motion, or directing the mind to the trouble, increases the pain. It is rare we find the three branches affected at the same time, although occasionally we meet with such cases. It is also rare for both sides of the face to be affected at the same time, but common for them to be affected alternately. When the affection is limited to the first branch, we have redness of the eye, increased secretion of tears, and heat of the nose, often accompanied with secretion of nasal mucus. The tender spots are above the orbit, at the point of exit, the upper eyelid, and the nose. When limited to the second branch, the cheek is red and swollen, frequently also the nose, aching of the teeth of the upper jaw, and the face generally is tender on pressure. When confined to the third branch, which occurs in the majority of cases, the muscles of the lower part of the face are stiff and swollen, the lower teeth ache, and eating and drinking is attended with increased suffering.

Sciatic neuralgia—or, to use a more common term, sciatica—does not differ essentially in its causation and symptoms from the form just described. One additional cause to those above mentioned, might be given; and that is, intestinal accumulatio . The pain shooting down the limb is also intense, and is described

as burning; or, in a few cases, the patient says it feels as if cold water was running down the limb.

The sciatic nerve is distributed principally to the muscles of the back part of the thigh, and of the leg and foot. Pressure any where over the nerve in its course, aggravates the pain; the chief points of tenderness being on the sacrum, at the sacro-iliac junction, at the sciatic notch, over the trochanter major, in the popliteal space, and at the external malleolus. In aggravated forms of sciatica, the slightest motion of the limb is unbearable.

Treatment.—The treatment of the various forms of neuralgia by the allopathic school, consists in cupping, blistering, narcotizing, stupefying, subcutaneous injections, and excising a portion of the affected nerve; and we give them credit for admitting that in a large proportion of the cases, the affection will return, in spite of their treatment.

The homœopathic treatment is much more scientific, for the reason that, in prescribing, we take into consideration the cause of the attack, the condition of the patient (plethoric, anæmic, or scrofulous), the situation of the affection, the time of day of the aggravation, the cause of the aggravation, the character of the pain, &c., &c.

For the facial variety of neuralgia, I have used *Aconite* only in plethoric persons, where the pulse is small and quick, with great thirst; *Nux vomica* only in persons of sedentary habits, who take little or no exercise, and are addicted to the use of stimulating liquors or tobacco. *Belladonna* I have found of most service when noise, light, jarring of the house, and currents of air, aggravate the symptoms. The indications which have governed me in the use of *Pulsatilla* are: aggravation of the pains after lying down, after rising, and amelioration in the open air. I have used *Conium maculatum* this fall, oftener, perhaps, than any other remedy, and almost invariably with immediate relief. The form of prosopalgia has seemed to indicate it in almost every case. The principal symptoms calling for its use are: heat in the face, with congestion of blood to the head; bluish, swollen face; laceration in the right half of the face; aggravation at night; soreness of the face, as from excoriation; darting pain in the teeth; and aggravation while eating and drinking. The above symptoms render it applicable especially to neuralgia of the second or third branch of the trifacial. I have also used it empirically in a few cases of sciatica, but not with the same success.

In the treatment of sciatica I have used principally *Nux vomica, Pulsatilla, Rhus, Sulphur,* and *Zinc; Nux vomica,* as I stated above, being most useful in those cases occurring in persons of sedentary habits, addicted to the use of stimulants and tobacco. Other indications for its employment, are—aggravation in bed, in the morning and evening, and in cold air. The pain is lessened by warm applications. In such cases, the digestive organs frequently furnish other sysmptoms, to which *Nux* is homœopathic.

Pulsatilla will be found of service in treating females, and persons of a mild disposition. The suffering is lessened by cold applications, and by keeping the room cool.

Rhus tox. is indicated when the pain is increased by cold applications, and during repose. The lacerating pain coming on in the evening, is relieved by walking about. *Rhus* is especially suitable, if there is great languor and debility.

Sulphur is applicable in persons of a scrofulous diathesis, when the pain comes on in the evening, or night, on awaking, or when arising from a seat. Any motion of the limb is painful, and warm applications are borne better than cold.

Zinc I have used but seldom, and for the following symptoms: Worse after dinner, and towards evening; worse from rest; better from motion, and from bathing the limb in tepid water. The pain is felt in the thigh, bend of the knee, calf of the leg, and border of the foot.

Arsenicum, Causticum, Chamomilla, China, Coffea, Colocynth, Hepar, Ignatia, Mercurius, and *Veratrum,* are all commended for the various forms of neuralgia; but I have not employed any of them as frequently as the remedies mentioned above.

In conclusion, I wish to state that electricity, as far as my experience goes, will fail, in the great majority of cases, to give permanent relief; it is more apt to increase the suffering. *Chloroform,* also, is only of temporary benefit, and should only be resorted to when we wish to gain time to study our cases. Subcutaneous injections I have never used, but have seen them employed, on several occasions, with permanent relief. External applications of *Aconite, Arnica,* and sometimes *Apis,* are frequently of benefit. Cold applications, as a rule, are not borne well; but now and then I meet with a case in which they are to be preferred. (*Medical Investigator.*)

Bronchocele. Three Cases cured by Spongia-tosta alone.

By S. B. Barlow, M.D., Prof., &c.

1. Mrs. S—, æt. 45, married, mother of six children, of spare habit, believed to be scrofulous. The disease had been of six years' duration; had been constantly increasing; becoming somewhat fuller, with some slight pains and tenderness on handling every time she had a cold, which condition was temporary, for the most part lasting only from three to six days, then subsiding to its ordinary status. *Spongia-t.*, one dose every alternate night at bed-time. The 6th and 30th dilutions were used throughout and were continued three months, at which time the disease was cured, so pronounced; and five years having now elapsed without any show of returning tendency, it may be considered a perfect and permanent cure.

2. Miss M—, æt. 25, healthy, plump and ruddy, weight 150, dark hair and eyes; tumour of three years' growth, very large and unsightly, lumpy, irregular, hard, slightly tender always on having a cold; and I believe this is nearly always the fact, that colds produce some tumefaction with tenderness in those swellings; and I further believe that nearly or quite all the subjects of the disease are of a strumous habit, and that there are probably five females to one male affected with goitre. In this case *Spongia-t.*, of the 3rd and 12th dilutions, were used in alternation for about ten weeks, when there remained no indications of the disease. Eight years have now elapsed and the health of the subject remains perfect.

3. A. W—, a maiden lady, æt. 32, tall, slender; thick skin and thick lips, in medium flesh, evidently strumous; tumour of many years' standing, extremely unsightly and repulsive in looks, positively larger than both her breasts, hard, knotty, somewhat tender; yet in tolerable good health otherwise. This case was treated some thirty years since with lozenges containing 3 grs. of crude *Spongia-t.* each: one given night and morning, dissolved in the mouth, and swallowed. An unguent of the crude remedy in lard was freely rubbed into the tumour each night. In four weeks every vestige of the tumour had disappeared. Medicine was continued a month longer internally. Cure perfect and permanent. —(*N. Am. Jour. of Hom.*)

MISCELLANEOUS.

Medicine and Theology,

The combination of homœopathy and ultramontane theology exhibited by our excellent contemporary, the *Art Médical*, seems to us one of the strangest alliances that it is possible to conceive. Homœopathy, the great medical Reformation of the nineteenth century, embraced by the reactionary ultramontanism of the present day. Luther in the arms of Leo X. Hahnemann, the hurler of withering denunciations against tradition and authority, embraced by Pio Nono, the anathematizer of modern progress! Of course we see nothing strange in a sincere Roman catholic being a believer in homœopathy, and we know that among the Roman clergy, both regular and secular, and the various catholic fraternities and sisterhoods, the homœopathic treatment is held in much esteem, but we are not aware that any of these pious Christians are in the habit of interlarding their sermons or exhortations with scraps of homœopathic lore, or of preaching from the text of some of Hahnemann's dogmas. But the converse of this is what our worthy contemporary delights in. He stamps on his outside cover as a motto a doctrine of Pius P. P. IX, perfectly incomprehensible to our finite minds, but, like that euphonious and unintelligible word Mesopotamia in the case of the old Scotch lady, no doubt very refreshing and comforting to the minds of the devout.

It could hardly be expected that the *Art Médical* would pass over in silence the controversy that has lately raged in Paris respecting the liberty of teaching, and it could not be doubted for a moment which side it would range itself on. Accordingly, we find in a recent number an article from the pen of Dr. Milicent, who seems to be the theological champion *par excellence* of our contemporary, entitled "Can Medicine do without Doctrines?" which might almost have been written by Mgr. Dupanloup himself, and would have done very well as a charge of that zealous bishop, but we don't see what business it has in a medical, and especially in a homœopathic periodical, "Que diable allait-il faire dans ce galère?"

This article abounds in the well-known theological style of reprobation of the prevalent doctrines among medical men and naturalists. It merely states the doctrines, and then cries how horrible! how sacrilegious! should not such teaching as this be put down by the strong arm of the law? and so forth, but it makes not a shadow of an attempt to refute by argument the obnoxious doctrines. For the author it is quite sufficient that they are contrary to the teaching of his church, to ensure their being branded as utterly and irretrievably bad and dangerous. But not content with anathematising the doctrines, he goes on in the true theological style to insinuate that the holders of these doctrines, in other words, his own colleagues, who entertain other views respecting the origin of man, the nature of life, intelligence, &c., than those taught by a set of priests—who cannot, from their education and opportunities, be expected to know anything about the matter —are men of corrupt and immoral lives, from whom we are not to expect "love, nor respect, nor devotion, not even benevolence or the commonest delicacy, regard for the purity of the child, the modesty of woman, or the weakness of old age."

In the name of homœopathy, in the name of science, we repudiate such a mode of combating opinions from which we differ. Non tali auxilia nec defensoribus istis, tempus eget! Sorry are we to see the pages of our talented contemporary sullied with the acrimonious vituperations and odious insinuations, which we had hoped were weapons which men of sense had completely abandoned to theological partisans.

Abuse of Atropia Collyria.

The veteran ophthalmogist, M. Sichel, in last week's *Gazette Médicale*, protests against the indiscriminate employment of *Atropia* as a collyrium, now so much in vogue, and has a few words to say about the erroneous modes of employing *Collyria* in general. He preludes his observations by a remark the justice of which every one will acknowledge:—

"In medicine, as in everything else, fashion exercises its empire. When a medicine comes into vogue, its employment, efficacious as

it may be in a certain number of pathological conditions and under well-defined circumstances, is gradually extended to a whole crowd of affections for which it is neither necessary nor even useful. Its use, thus generalised, becomes a blind routine, to the great detriment of the rational therapeutics of disease. How much has been said and written against crinolines and the other absurdities of fashion! And so, in medicine, it is desirable that a voice should from time to time be raised against the abuses of a reigning fashion and a blind and mischievous routine. May it not always prove a voice crying in the desert!"

Applying these observations to the neutral *Sulphate of Atropia*, M. Sichel observes that while it is the most valuable agent for the production of the dilatation of the pupil, it is constantly employed in affections of the eye in which dilatation is either not required or is only of secondary importance, and in which it may prove not only insufficient as a means of cure, but even useless or mischievous as an auxiliary. Thus employed, as it often is in iritis, unaccompanied by an antiphlogistic and antiplastic treatment, if this is severe, a damaged eye may easily be the result. Its employment here is at all events intelligible, although erroneous, but it is difficult to understand upon what principle it is used in pustular or granular conjunctivitis, or in interstitial or vascular keratitis, even accompanied with pannus. The ill-consequences of such gross empiricism are indeed constantly met with; for not only does it prove inefficacious, but it may even add to the irritation already present. In some individuals, indeed, even in weak doses, *Atropia* excites irritation, although its use is indicated, and in such M. Sichel has found very useful a collyrium composed of $\frac{1}{100}$th part of the sulphate to 10 parts water and 5 parts glycerine, using it at first only once a day, and bathing the eyes for five or ten minutes after with cold water.

Another still more important point is, that poisoning may be induced by the indiscriminate use of too strong *Collyria*, and by the improper mode of their application. Thus *Collyria* are constantly ordered with 5 centigrammes of the alkaloid to 10 or 15 grammes of water; while a long experience has convinced M. Sichel that where transitory dilatation of the pupil is wanted for the purpose of ophthalmoscopic examination or the temporary improvement of vision in persons with incomplete cataract, a solution of one centigramme in 10 grammes of fluid is quite sufficient, while, where a more durable or energetic action is required, 2 centigrammes may be employed. In some rare cases, as in very extensive posterior

synechia or partial obliteration of the pupil, we may go as high as 3 centigrammes; but a dose beyond this is never required, and may often prove dangerous. The poisonous effects of *At opia* do not in general arise from the absorption of this substance by the anterior surface of the globe, although in certain idiosyncrasies this does take place very readily, and especially when the collyrium is too frequently applied. The poisonous effects, however, generally result from the bad mode of application of *Collyria* commonly employed. The plan which used formerly to be so generally adopted is at once the most efficacious and the safest. It consists in applying the collyrium between the eyelids at the external angle by means of a soft pencil, and directing the patient to keep the eyelids closed for some minutes. In this way the tears which are secreted assist in diffusing the collyrium over the anterior surface while the eyelids are closed, and none, or very little, of it is absorbed by the lachrymal puncta. With this precaution, even strong solutions of *Atropia* do not produce poisonous effects, especially if the patient be directed to bend the head slightly backwards and towards the temple. In the usual mode of applying *Collyria* at the present day, much of the collyrium is lost, and that which remains in the eye is collected at the inner angle near the lachrymal points, and, in place of acting uniformly upon the ocular surface, the fluid passes into the nasal fossæ, and thence into the œsophagus. In this way the application is rendered at once inefficient, dangerous, and, by reason of the unnecessary quantities employed, expensive.—*Medical Times and Gazette.*

How shall we make our Daily Experience advance Science?

By Thomas King Chambers, M.D., F.R.C.P. Lond.

(Read at the Meeting of the British Medical Association at Oxford, August, 1868.)

Our presence here in Oxford shows that we are all anxious to aid the progress of our common art and science. But many of us—most of us—are at the same time willing to confess that we do not know very well how to set about it. Our country cannot spare us, even if we ourselves wished to devote our lives to the mere cultivation of knowledge; and we are tempted to despair of seeing any-

thing less than a complete devotion produce fruit. Are we justified in this despair? I think not. I think it not at all impossible to extract, from the gigantic waste of our daily routine of business, constituents of truth as important as any drug fresh from the mine of devised experiment. I believe we shall, like our manufacturing industry, advance chiefly now by utilising our waste products.

Let us begin first by saving them, instead of letting them run off into the sewers of forgetfulness. I think it is the duty of a practitioner of medicine to take notes of every case that comes under his charge. It is especially those which superficially appear commonplace and repetitions of one another that need to be thus recorded. Rarities are common enough, and are enshrined by wholesale in the storehouses of our periodical literature; but when one comes to look for accounts illustrative of any point about the daily events of life, they are wanting. Let a man, for example, ask of those who have been giving *Aloës* all their lives, for any evidence of the truth of the statement, which we have been repeating after Fallopius for 250 years, that the drug causes hæmorrhoids and morbid uterine hæmorrhage—in what cases it cures them, and in what it makes them worse—let him ask how often it elicits solid, how often liquid stools—in what cases the former, in what the latter—and I fear he will get none but conjectural answers. Or let him ask those who are daily administering some expectorant, whether the expectoration is increased or diminished under its use, and he will hear a strange absence of consent in the reply. Let him ask how often ascarides produce symptoms, and in how many persons they are found without symptoms—whether bronchial catarrh most frequently precedes or follows measles—what is the period of latency of gonorrhœa—and in short, almost any question about almost any common illness, and he will have it answered much more rarely from personal observation than if he inquired about some strange complication, of which not five instances are seen by a man in his lifetime. Yet it is the common diseases which are of real importance for us to lighten and shorten. Moreover, it is in common diseases only that we can learn the therapeutical value of drugs, for it is in these cases only that we know the natural course of the malady, and can judge how far it is modified by our means.

Medical men are often deterred from keeping a systematic record of their private practice by the idea that to do so necessarily involves a considerable expenditure of time. I doubt the fact. Certainly the careful annotator is longer over his first visit to a patient than

is a hurried prescriber; but then subsequent visits are much shortened, for the refreshing of the memory by a repetition of questions is avoided. But still the time thus spent is an important part of the question, and it is very desirable to reduce it to a minimum by mechanical contrivances. The plan I myself adopt is as follows:—I write all my prescriptions and papers of advice in a copying-book, which preserves a duplicate of them by means of transfer paper (Delarue's Copying-book); and at the back of this transcript I write, usually with the patient before me, always before I attend to the next case, the history, so far at least as to explain my reasons for the advice, before I go on to the next page. The periodical indexing of these pages is an easy job for an hour of weariness; and the whole time consumed is so crumbled up that it is never missed, and neither business nor amusement can complain of the robbery.

Some people suppose they can make their notes of the day's work more fully and scientifically when it is over, and they quiet in their studies. I do not like the plan so well. For one thing it interferes with the relaxation needful to keep the mind healthy and broad. That time belongs to rest, and should not be wasted on labour. An instinctive feeling of the truth of this causes a duty which is put off to such an opportunity to be put off often still further, often altogether. Again, unless an immediate note be made, the new and the strange in the day's experience are stamped in the mind deeper than the commonplace, and they are apt to take up more than their fair share of room in the diary; while personal friendship, the social standing of the patient, and other considerations, will sometimes blot out, sometimes unduly brighten our recollections of the case.

What should be recorded? Not everything of course, or there will be a want of perspective in our sketch. The best rule is to note first the prominent important features in the case in our technical eyes, those features which have guided us in our treatment, and which distinguish it from others. Other features may follow, receding from the history in inverse proportion to their prominence. A separate paragraph at the end may contain the symptoms which appear the chief to the patient, for the purpose of allusion in a future visit.

What are the uses of these notes? They serve as corrections to our memories—they make available to the increase of real knowledge that which is otherwise just as likely as not to lead to imperfect, and therefore false, knowledge. They turn a stumbling-block into a

stepping-stone. What a satisfaction, when a new question is raised in our own minds by some chance patient, or suggested by a colleague, to be able to answer "*littera scripta manet*," here is the contemporary evidence of the fact! How pleasant is an hour of leisure to live over again one's days of joyful labour! But above all, how invigorating to be able to contribute true bricks to the palace of knowledge which we are uniting to build up!

One of the most important matters for inquiry in the present day is the action of drugs on the human body. There are questions concerning these reagents which practitioners only have the opportunity of testing, and in no other way can they do it so satisfactorily as by daily notes, which can with ease at any time be reduced to a tabular form.

This brings me to another part of my subject, namely, the administration of medicines. I wish to offer a few suggestions which may tend to make this daily business of ours more available in increasing therapeutical science. 1. Let us aim at giving only *one drug at a time*. I do not say this is always possible; but at all events let us keep the desire in our minds, and reckon a prescription good in an inverse ratio to the number of ingredients. This simplicity conduces not only to the good of science, but of our individual patients, for it soon makes us much more ready at suiting the special remedy to the special case. 2. It is important when we change our treatment to allow a certain sufficient interval, differing in different instances, between leaving off one medicine and beginning another. The experiments of Böcker and others have shown us, first, an action of the drug lasting after its apparent disappearance from the body, and, secondly, a reaction of the system opposite to, though weaker than, the original action. Advantage will accrue to the patient, as well as to science; often from this rule, too, less medicine will be needed. For instance, *Hyoscyamus* given for hypochondriasis or mental depression may be left off almost directly it has begun to produce its beneficial effects, and those beneficial effects will still go on towards restored health. *Hydrochlorate of Strychnia* will continue to invigorate the peristaltic motions of the stomach and intestines, so as to produce steady digestion and evacuation for days after such a soluble salt must have passed away. 3. It is advisable for each observer to have as short a pharmacopœia as possible. The best workmen use the fewest tools—aye, and those who use the fewest tools become the best workmen. They become more adroit with them, know them better, and are able to instruct

others in their employment. 4. The union and co-operation together of those who are working at the same subject is of incalculable value. Incalculable—because you have not tried it. The skeleton of the machinery exists in the British Medical Association. Why should not each branch or group of branches take up a drug and let us know after two or three years their experience of its action?—*Medical Times and Gazette.*

The Pharmacy Act, 1868.

Meeting of Homœopathic Chemists and Members of the Medical Profession.

It having been feared that the provisions of the Pharmacy Act of last Session might be made to operate injuriously on the business of homœopathic chemists, Dr. Madden, in the name and on the behalf of several of the leading members of the trade, convened a meeting to consider the subject. This meeting was held at the Hospital in Great Ormond Street on the 8th ult. The medical profession was represented by Drs. Drury, Leadam, Mackechnie, Pearce, and Newton; and Messrs. Blackley, Engall, R. Epps, and A. C. Pope; among the chemists present were Messrs. Ashton, Berry (Northampton), Bryant (Cambridge), Butcher (Blackheath and Woolwich), Buott (Secretary to the United Society of Chemists and Druggists), Cheverton (Tunbridge Wells), Comptson (Reading), Canning, E. Capper (Bath), G. Clayton, E. Clifton (Ipswich), J. Craft (Reading), James Epps, W. C. Field (Taunton), E. Gould, E. Gould, Junr., H. Harris, J. H. Heath, J. Keene, J. Leath, Lynn (Woolwich), T. E. Marriott, G. H. Parsons, B. C. Pond, F. Ross, W. Stratton, J. Thompson (Liverpool), H. Turner, and J. Walker. Mr. Edward Pope, solicitor, of Gray's Inn Square, was also present.

In the absence of Dr. Madden, the chair was occupied by Mr. A. C. Pope. In opening the proceedings the chairman read letters of apology for unavoidable absence and of sympathy with the objects of the meeting from Dr. Madden, Dr. Bayes, Dr. W. Bell, Dr. Powell, and Dr. N. Wood. Also from the following chemists: Messrs. Bowater and Morris (Birmingham), Brown (Sheffield), Burnett (Leeds), Bury (Manchester), Clark (Newington Causeway), Clifton (Derby), Corfield (Birmingham), Floyd (Bury St. Edmund's), Fuller (Norwich), Hardy (Manchester), Pottage (Edin-

burgh), Rapier (Norwich), Rowan (Scarboro'), Thomas (Chester), Tirrell (Hanly), Waite (Halifax), Walder (Brighton), Wild (Manchester), Williams (Brighton), and Woolcott (Leamington).

He then proceeded to say that the subject before them was one of great importance not only to homœopathic chemists, but to those of the public who were in the habit of using homœopathic preparations, and also to medical men who were always anxious to secure for their patients the opportunity of obtaining such preparations. The intentions of those who had been instrumental in obtaining this Act was worthy of all praise. They were twofold: First, to provide for the special education of the trade, and, secondly, to prevent the indiscriminate sale of poisons or of substances used for other criminal purposes, such as the procuring of abortion, and so forth. Against the intentions of the Act, then, nothing could be said; but as to the manner in which those intentions had been carried out, he thought a great deal might be said. In the *Monthly Homœopathic Review* for September, the chief points for discussion that evening had been sufficiently enlarged upon to render it unnecessary for him to detain them long by referring to them. The first and most important point had reference to the sale of such homœopathic medicines as were included in schedule A, which were only saleable under the restrictions contained in the 17th clause of the Act. He would read the 17th clause, which was as follows:

"17. It shall be unlawful to sell any poison, either by wholesale or by retail, unless the box, bottle, vessel, wrapper, or cover in which such poison is contained, be distinctly labelled with the name of the article and the word poison, and with the name and address of the seller of the poison; and it shall be unlawful to sell any poison of those which are in the first part of schedule (A) to this Act, or may hereafter be added thereto under section 2 of this Act, to any person unknown to the seller, unless introduced by some person known to the seller, and on every sale of any such article the seller shall, before delivery, make or cause to be made an entry in a book to be kept for that purpose, stating, in the form set forth in schedule (F) to this Act, the date of the sale, the name and address of the purchaser, the name and quantity of the article sold, and the purpose for which it is stated by the purchaser to be required, to which entry the signature of the purchaser and of the person, if any, who introduced him, shall be affixed."

Schedule A contained the following medicines: *Arsenic*, and its

preparations; *Prussic acid, Cyanides of potassium,* and all metallic cyanides; *Strychnine,* and all poisonous vegetable alkaloids and their salts; *Aconite,* and its preparations; *Emetic tartar, Corrosive sublimate, Cantharides, Savin,* and its oil; *Ergot of rye,* and its preparations; and in the second part of schedule A there were five medicines which were to be sold simply on being labelled "poison," and these were—*Oxalic acid, Chloroform, Belladonna,* and its preparations; essential *Oil of almonds,* unless deprived of its *prussic acid* and *opium,* and all preparations of *opium* or of *poppies.* Now, every one present would at once recognise in this list many medicines which, in small doses, doses far removed from a poisonous or dangerous standard, were of very great value and in common use; the sale of these medicines would obviously be placed under very vexatious restrictions, if it were necessary on every occasion to go through the long process prescribed in clause 17. If a chemist summoned under this Act were to reply that the article he sold—take *Belladonna,* for instance—was sold in non-poisonous quantities, it would be no answer to the charge, inasmuch as the Act contained no reference as to quantity. No matter how infinitesimal might be the quantity of *Sabina* or *Arsenic* they sold, such infinitesimal proportions came within the terms, though not within the intentions, of the Act. The question for their consideration was, how this position might be rectified. He would suggest that any amendment they might propose should be as simple as possible, and couched in definite and precise language. To this end it would be necessary to scan most narrowly any and every suggestion which could be made, to examine it in every light in which it was susceptible of being regarded. Dr. Madden, in his letter, proposed a definition of "in poisonous quantities," thinking that by the insertion of these words in a suitable clause of the Act, homœopathic chemists would be guarded. And so they would. But it might be objected that a poisonous quantity of *Sabina* or *Cantharides* was not necessary to those who wished to use them for criminal purposes short of destroying life. This was a definition which lacked that clearness which he thought the House of Commons would insist upon. Dr. Bayes, in the letter he had read, proposed a clause making "homœopathic or diluted medicines" independent of the Act. Neither was this at all precise, because a medicine only became a homœopathic medicine when it was used homœopathically—that was to say, in accordance with the law of similars. Then again, with regard to diluted medicines; supposing

a pound of *Arsenic* had a small quantity of *Sugar of milk*, or any other preparation added to it, it would become a diluted medicine; and for these two reasons he did not think the House of Commons would accept such a proposal for a moment. It appeared to him, therefore, that it would be better, perhaps, to name a precise quantity, as the greatest amount that could be sold without the provisions of the Act being enforced. He thought that would answer every purpose, because the restriction was merely upon the sale of these preparations to the public, and if the public used the first or second centesimal dilution, as the case might be, they got as much medicine as was necessary, and as much as they could be safely entrusted with. If this addition were made to the schedule, it would also be necessary in clause 17, after the words, "It shall be unlawful to sell any poison of those which are in the first part of schedule A to this Act," to add the following, "in any greater quantity than that named in the said schedule." This seemed to him to be the surest way of escaping from the dilemma in which homœopathic chemists would be placed, and the one most likely to meet with acceptance in the House of Commons. (Hear, hear.) Another point for their consideration also was the necessity which had been imposed by this Act of preparing medicines in accordance with the *British Pharmacopœia*. To be able to appeal against this imposition, they ought to be in a better position than they were at present. They ought, in fact, to be prepared with a Pharmacopœia of their own, upon which they could place reliance, and by which they should uniformly be guided. He trusted that in the course of a year or two, by the efforts of the committee of which Dr. Madden was chairman, a work might be produced of which the Legislature might be induced to take cognisance, the one at present in use being too imperfect, too antiquated to be brought forward. Then, they had to consider what might be done in the meantime. A physician writing a prescription, by using the words "*Pharmacopœia Homœopathica*," would absolve the chemist from compliance with the Act so far as the individual prescription was concerned. It was a question whether the addition of such words to the label of a bottle would not be sufficient to protect a chemist from the penalties imposed in this clause.

Then there was a third difficulty, and that was in the case of the sale of medicines by agents. An agent, he thought, came within the meaning of the 1st clause of the Act as a person "who shall sell or keep an open shop for the retailing" of medicines; and if he

did come under that clause it might seriously interfere with the business of a very large number of chemists, especially of those in the metropolis; and he should like to know—and he thought the knowledge would be of some importance to them in guiding them how to act—as to what course the patent-medicine vendors would take in this matter. He knew that in York one of the largest dealers in these mysterious preparations was a bookseller, who would now come under the 1st clause as a person retailing medicines; and the principal agent for the sale of homœopathic medicines in the same city was also a bookseller. The only remedy he could suggest was the addition of a clause to the following effect:—"That nothing in this Act shall apply to retailers of patent medicines, or to medicines which, having been prepared by duly qualified chemists and druggists, and not coming within the 17th section of the Act, shall be retailed in sealed packets." Unless some such remedy should be provided, the depôts for the sale of homœopathic medicines would have to be closed. These were the three points which they would have to consider that evening. There were other points in the Act—those particularly bearing upon assistants—which, he thought, might call for rectification, for he considered that assistants had been hardly dealt with by this Act; but at the same time they had quite enough in hand without taking notice of any other points that might arise. They had, then, first to decide what alterations the rights of homœopathic chemists demand; secondly, in what terms those alterations should be drawn; and thirdly, what means shall be adopted to secure their being brought under the notice of the Legislature. He had taken the opportunity of submitting the Act to his brother, Mr. Edward Pope, who had been kind enough to examine it for him; he was now present, and would be very happy to give any legal explanation that might be required by any gentleman in the room. He should now be glad to hear any remarks upon the subject before them from any gentlemen present.

Mr. E. Capper thought the case of patent-medicine vendors was entirely met by the 16th clause, which provided that "nothing hereinbefore contained shall extend to or interfere with the business of any legally qualified apothecary, or of any member of the Royal College of Veterinary Surgeons of Great Britain, nor with the making or dealing in patent medicines, nor with the business of wholesale dealers," &c. It appeared, therefore, that the patent-

medicine vendors had been strong enough to provide themselves an exemption.

The Chairman said the question arose whether the medicines, as they were sent out by the metropolitan chemists into the country, in sealed bottles, would be regarded in the same light as patent medicines in the 16th clause.

Dr. Markwick—The 16th clause refers to wholesale dealers. I should think they would come under that.

The Chairman—Would that cover their agents?

Dr. Markwick—I should think so.

Mr. Walker, speaking in the interests of assistants, thought they ought not to be very anxious about protecting the interests of agents, who in a great many towns shut up good openings for assistants. There were many towns of third-rate consequence that could support one good qualified chemist very well provided there were no agents.

Mr. Ross thought with Dr. Markwick that Clause 16 quite covered wholesle dealers and the supplying of agents in country towns. Most of the gentlemen who dealt in homœopathic medicines as agents were already pharmaceutical chemists who were duly registered; so that he did not think they need deal with this question at all. With regard to the case of booksellers and others, he believed that, as a rule, no bookseller who sold homœopathic medicines sold them in poisonous quantities.

Mr. E. Capper said it appeared to him that they had to deal with three practical facts. There was no doubt but that they could register under this Act. Then there was the 17th clause, with regard to poisons, which no doubt affected them very much, and which had been much more ably brought before their notice by Mr. Pope than he could hope to do. He (Mr. Capper) had looked the clause very carefully through, and he entirely agreed with Mr. Pope that all their dilutions would, according to the wording of this clause, come under the Act. This would place them in a most ridiculous position, independently of its being a false position for any body of men to be placed in. (Hear, hear.) Then there was the 15th section, which seemed to shut up homœopathic pharmacy altogether. If the letter of that clause were carried out they would not be able to open a shop at all without continually breaking the law. The idea, no doubt, was that wherever tinctures were ordered they should have the uniform preparations of the British Pharmacopœia, which was supposed to contain all the wisdom of

those who prescribed. He differed from the article that appeared in the *Review*, because he thought their preparations did come entirely under this clause. The wording of it was, "or shall fail to conform with any regulation as to the keeping or selling of poisons, made in pursuance of this Act, or who shall compound any medicines of the British Pharmacopœia, except according to the formularies of the said Pharmacopœia." What was the meaning of that? He imagined it meant any of the medicines which were recommended by the British Pharmacopœia. He believed if that were carried out in strict accordance with the letter of the law they would be unable to sell any medicines according to the Homœopathic Pharmacopœia. Then there was the other clause relative to assistants and apprentices. These were the three portions of the Act which seemed to bear upon them, and it was for them now to consider how they could be amended.

Mr. Edward Pope said he had been consulted in this matter, and he was of opinion that the clause did not bind persons to sell drugs according to the British Pharmacopœia; but that they would be entitled to sell them according to the Pharmacopœia Homœopathica, if such a pharmacopœia existed, as he presumed it did.

Dr. Drury asked whether an informer could set the act in motion?

Mr. Pope replid that he could, under the Pharmacy Act of 1852.

Dr. Drury said that, if it were otherwise, he did not think they would be interfered with at all. If, however, this Act did press more hardly upon homœopaths than upon allopaths, he thought that if the meeting appointed a deputation to the Home Secretary, and they asked him to receive them he would do so, and would bring in some amendment to the Act in the next Session of Parliament. He (Dr. Drury) did not think there would be any difficulty about it. That seemed to him to be the practical way of proceeding, and he should be willing to propose the appointment of such a committee to apply to Mr. Gathorne Hardy to know whether he would receive a deputation to state the case to him. If they adopted this course, he felt sure the difficulty would be overcome in a very short time. (Hear, hear.)

Mr. Turner could quite endorse the opinion Dr. Drury had just advanced respecting the interference of informers with homœopathic chemists. The reading of the Act by the Pharmaceutical Society was very clearly shown in the article which they gave in their *Journal*, with the object of explaining the meaning of its various

clauses. The article, which appeared in the September number of the *Pharmaceutical Journal*, was a most liberal translation of the Act—such a rendering as no homœopath could possibly find fault with. Then the registrar at the Pharmaceutical Society had been most kind in answering any inquiries that had been made of him. It was very easy to see how it was that the interests of homœopathic chemists had been disregarded in the framing of this Bill, inasmuch as the only advice that its framers had had from the trade had been through the Pharmaceutical Society, who, of course, were not identified in any way with homœopathy or its advocates; so that it was a matter entirely in the hands of homœopathic chemists to look after their own interests. He thought this pointed to the absolute necessity in the present day of organising a society of their own—(hear, hear)—a society which would look to the interest of homœopathic chemists and their trade. That idea had been advanced in several of the letters which had been read by the Chairman, and he thought it was a result which ought to spring from the present meeting. (Hear, hear.) At such an assembly as that, of course they could not enter into this subject, but he sincerely hoped that such a society would result from the meeting of that evening. (Cheers.) There were many important objects which could be gained by such a society. A similar meeting was held in Philadelphia on the 24th of June last, and was fully reported in the *North American Journal of Homœopathy*. The organisation and bye-laws of that society gave them a very good model on which to form an association of their own. He had no doubt that when such an association was set on foot it would receive the hearty support of every homœopathic chemist in the country. (Hear, hear.) It appeared to him that this Bill had been dreadfully hurried through both Houses of Parliament. It was a great pity that it should have been hurried through in the way it had been; but he was in hopes that, as the result of that meeting, they would be enabled to get the clauses which pressed so heavily upon them amended. The only two clauses which it appeared to him affected them seriously were the 15th and the 17th. He did not think he ever read a more loosely-worded clause than the 15th. It might be construed to mean almost anything; and on that account it was very important to ascertain its real working. If they took the construction put upon it by the *Pharmaceutical Journal*, it was liberal enough. He would read the way in which they rendered Clauses 15 and 17. With regard to Clause 15, they said—"All these persons,

being registered as chemists and druggists, may sell and keep open shop for dispensing and compounding poisons, but they must also 'conform to such regulations as to keeping, dispensing, and selling of poisons as may from time to time be prescribed by the Pharmaceutical Society, with the consent of the Privy Council.'" And they said, with reference to Clause 17, that no poison whatever, "*in a pure and simple form*," shall be dispensed. Now, these words did not appear in the Act. Doubtless the Act was intended to convey the idea, but the words did not appear in it. They were inserted in the article in the *Pharmaceutical Journal* in explanation of its meaning; and, of course, as they had to comply with the Act, and not with the Pharmaceutical Society's rendering of it, it was important that they should have it altered. Then, with regard to the fines imposed in the first part of Clause 15, he defied any one to tell whether they related to chemists who were not registered or to chemists who were duly registered. With regard to the latter part of the clause, he would suggest that a petition be drawn up embodying what they had to complain about in respect to their being restricted to the British Pharmacopœia formularies, and prevented from using any other preparations, for that was the way in which he read the wording of the clause.

Mr. Walker believed that the clause alluded to the preparations that were in the British Homœopathic Pharmacopœia; that *Tincture of Opium* must be prepared as in the British Pharmacopœia; and that any tinctures—such as the *Tincture of Pulsatilla*—which the British Pharmacopœia did not contain, they could make as they thought proper.

Mr. Turner said that was the way in which he read the clause. Take *Aconite*, for instance. He thought they ought to see that they used their own preparation, which he considered a more satisfactory one than that given in the British Pharmacopœia; therefore, they should see to it, that they could dispense their own tinctures as they had always done. He was about to remark just now, that it appeared to him that the better way of proceeding would be by petitioning Parliament. If a petition were drawn up by a committee, and a copy of it were placed on the counter of every chemist throughout the kingdom, showing how they were prevented from legally dispensing homœopathic preparations, they would be able between this time and February to get such a volume of signatures that the way would be paved quite easily for obtaining a clause, either acknowledging the homœopathic preparations, or at

all events getting rid of this obnoxious clause which limited them to the sale of the British Pharmacopœia preparations. (Hear, hear.) With regard to Clause 17, he thought that Mr. Pope's proposal was an excellent one, that of naming the quantities of the various drugs mentioned in the schedule, and placing restrictions only on the sale of the drug in the crude form, and of course letting all dilutions or smaller quantities be sold as they had hitherto been.

Mr. E. Pope said that his brother had submitted this act to him, and had requested him to give the meeting his views of its bearing upon them. In the first place, he thought the homœopathic chemists were rather careless in not looking after the bill when it passed though committee; and in the second place, he thought they were now somewhat unnecessarily alarmed about its effects. He did not think that any practical ill consequences would ensue from it. Perhaps some informer might set it in motion with a view of getting some portion of the fine, and that appeared to him to be nearly the only way in which it could be brought to an issue. He could not agree with Mr. Turner as to the importance of petitioning parliament, but thought the better course would be to represent the matter to the Home Secretary. There was no doubt this bill was brought into parliament with the view of benefiting chemists generally, and he did not see why it should not benefit homœopathic chemists quite as much as the allopathic. It appeared to him to be a kind of protection to each; and he thought it would be almost premature at present to take any parliamentary action in the matter. There was another course which might perhaps be adopted, and that was to bring the subject before the attention of the Pharmaceutical Society, although they had published an article in their *Journal* which gave a very liberal interpretation to the act—and it was an act which seemed to bear a liberal interpretation. He thought the best course for them to take was to lay the matter before the Home Secretary.

Dr. Drury said he had drawn up a resolution, and he should be glad to hear what his friend the chairman had to say upon it. He begged leave to move, "That the Right Hon. Gathorne Hardy be requested to receive a deputation of eight gentlemen to be appointed by this meeting, to lay before him the alleged grievances which result from the Pharmacy Act of 1868, and to request his assistance."

Mr. Walker seconded the motion.

Mr. Gould was inclined to agree with Mr. Edmund Pope, that it

would be wiser to take no action in the matter, till the act had been set in motion by an informer, when they would have to deal with it.

Mr. E. Pope thought Mr. Hardy's answer to a deputation would be, "Wait till a case arises, and then I will interfere."

Mr. Gould urged the importance of forming a society of homœopaths, so as to be prepared if any case arose; but he did not think it wise to go begging the question.

Dr. Pearce asked whether, in a legal sense, the Act affected the dispensing of a physician's or surgeon's prescription, which contained any of the prohibited drugs, or only the chemist who sold them over the counter. He thought that if an informer went to a chemist and bought a bottle of globules, it would be his duty to prove that the globules were poison before an action would lie. The onus of proof should rest upon the informer. With reference to limiting the quantity to 100th part of a grain or the 1000th part of a drop, as suggested by Mr. Pope, that would place a narrow limit in the quantity the chemist could sell; if he vended half an ounce or two drachms of the 1st dilution he would still be liable for a breach of the law.

The Chairman remarked, with reference to Dr. Pearce's first question, that a chemist could not vend any of the preparations in schedule A over the counter, but he might dispense them in a prescription. With regard to the onus resting upon an informer, it seemed to him that if a man went into a shop and asked for a solution of arsenic, and was served with a solution purporting to be arsenic, and if he could bring a witness to prove that that was what he asked for, and that the article was sold to him as arsenic, he did not think the man would be forced to make an analysis of the preparation he received. With reference to the other point, his proposal was to permit the sale of a quantity which would enable the chemist to sell a drachm of the first centesimal dilution; and he was disposed to think that that was quite as much as a chemist ought to sell to a person who was unacquainted with the general action of medicine. It was quite time that some restrictions were placed upon the sale of powerful drugs.

Dr. Pearce.—How about veterinary practice?

The Chairman.—It must be regarded as a matter of wholesale dealing; or, indeed, persons unconnected with medicine purchasing quantities of articles in schedule A for veterinary purposes ought to conform to the law.

Mr. Berry mentioned that at the recent meeting of the British Association at Norwich, in the discussion on the Pharmacy Act, Mr. Carteighe, a legal authority who was appealed to on the occasion, said the second clause provided that the articles mentioned in schedule A should be assumed to be poisonous. He thought these were to the point.

Mr. Engall thought this question was too wide a one to be dealt with by such a large meeting, and that it should be referred to a committee to bring up a report upon the subject for consideration at a future meeting.

Mr. Ross recommended that in schedule A, after the words "arsenic and its preparations," there should be added in parenthesis "unless deprived of its poisonous properties." There was already in the second part of schedule A the words, "essential oil of almonds, unless deprived of its prussic acid." Such a qualification seemed to him to meet the case very well, and he could not see that there could be any reasonable objection to that being brought before Mr. Hardy.

The Chairman reminded Mr. Ross that it was not simply to prevent people from being poisoned that these articles were prohibited, but to prevent them from being used for other criminal purposes; and it was not necessary to use poisonous quantities to enable such criminal purposes to be carried out.

Mr. Capper suggested that the consideration of the whole subject should be referred to a committee of eight gentlemen, to be appointed at this meeting, to take such steps as they might consider necessary. He approved of the resolution to some extent, but thought his own suggestion would be preferable.

Mr. Engall then proposed, as an amendment, "That a committee be appointed to watch the action of the Pharmacy Act of 1868, and to take such steps as they may think necessary to preserve intact the rights of homœopathic chemists; that the following be members of the committee, with power to add to their number:—Mr. H. Turner, Mr. James Epps, Mr. J. Walker, Mr. F. Ross, Mr. E. Gould, Mr. Geo. Clayton, Dr. Drury, Mr. A. C. Pope, Dr. Madden, and Mr. Edward Pope, as legal adviser.

Dr. Drury seconded the motion, and the prior resolution of Dr. Drury having been withdrawn, it became the original motion, and was at once put and unanimously agreed to.

Mr. Heath thought it would be better to appoint a committee to wait upon Mr. Hardy, and for that committee to report to the com-

mittee which had just been appointed; this proposition did not meet with acceptance, and fell to the ground.

On the motion of Dr. Drury, seconded by Mr. Gould, a cordial vote of thanks was presented to the Board of Management of the Homœopathic Hospital for lending them the room in which they were assembled.

A vote of thanks was then awarded the chairman, to Dr. Madden, the convener of the meeting, and to Mr. E. Pope, when the proceedings terminated.

A meeting of the committee was held on the 21st ult.

Mercury as a Cholagogue.

Dr. Hughes Bennett's communication was a report drawn up at the request of the Association (British Medical). It recited a laborious and determinate series of experimental researches performed by the author, Dr. Gamgee, and Dr. Rutherford. A set of tables in a printed form accompanied the report, which was received with unqualified praise. The chief point set forth, as a fact proved, was that in dogs the action of *Mercury* does not increase the quantity of bile secreted, but rather the contrary. The inference drawn was that the same rule extends to the human subject, and that the notion of *Mercury* as a cholagogue—a notion prevalent in medicine for many centuries—is an entire delusion. A brisk discussion, in which Dr. Crisp, Dr. Richardson, Dr. Inman, Dr. Gamgee, and others, took part, followed the reading of the report. Dr. Richardson, accepting all the facts of the report, and the report itself, as a model of scientific work, urged still that *Mercury* did exert a beneficial effect, and that experience confirmed its value. Was it possible, he asked, that *Mercury* acted on the pancreatic gland as it did on the salivary glands, and that it caused an increase of pancreatic secretion? Dr. Gamgee, in an excellent speech, defended the report from some attacks that had been made upon it. He affirmed his belief that the dog was the best subject for the experiments, and that the inferences drawn from such experiments were as correct as they could be by the method of experimental investigation which had been followed. Dr. Bennett, in reply, said it was

quite possible the pancreatic function was modified under the action of *Mercury*, for, as one of the tables indicated, the pancreas in five cases was reported as very vascular. To answer the question, however, that had been put by Dr. Richardson, an entire series of new experiments would be required.—*Medical Times and Gazette*, September 5, 1868.

Characteristic Stool Symptoms. By E. M. Hale, M.D.

It will be admitted by all that there are certain symptoms to be found in every pathogenesis, which seem to indicate the special genius of the remedy. These symptoms are variously designated. By some they are called "Key-Symptoms"—by others "Special Symptoms," and still others, "Characteristics." They are, however, really "Diagnostic Symptoms;" *i. e.* they are symptoms which give individuality to the medicine, and make its pathogenesis differ from others.

In giving *characteristic* symptoms, I do not deem it sufficient to present a bald enumeration of them. It will be of great advantage to the student and practitioner, if we place under each characteristic the names of other medicines which have a symptom very nearly resembling the one presented. By this plan, we can see, at a glance, the difference between the similar symptoms of similar or dissimilar drugs. If this differential diagnosis can be carried farther, so as to *compare* these similar *characteristic* symptoms, the result would be more valuable.

Diagnostic Symptom of Leptandra. — *Profuse, black, papescent, tar-like, very fœtid stools*, generally in the *afternoon* and *evening*.

"*Black*" stools are caused by *Podophyllum*, *Iris versicolor*, *Aconite*, *Merc. dulc.*, *Opium*, *Bromium*, *China*, *Calc. carb.*, *Arsenicum*, *Cuprum acet.*, *Stram.*

Podophyllum, *Iris versicolor*, *Mercurius dulc.*, *Aconite*, and *Bromium* are the only medicines which cause stools having all the appearances of *Leptandra*-stools.

A further distinction may be made, thus:

Podophyllum has the *black* stools *only in the morning*.

Iris versicolor has, with the black stools, fever, with hot sweat, white tongue, and severe headache.

Mercurius dulc. causes the *black* stools, with great epigastric oppression (sinking), etc.

Aconite has, with the black stools, *dry* skin, and fever (see Iris); also, despondency, anxiety, etc.

Bromium has "*blind, intensely painful varices,*" with the *black* stools.

The *black* stools of *Opium* and *Calc. carb.* are probably due to retention of fæcal matter.

China, Arsenicum, Cuprum acet., and *Stramonium*, cause *black* stools, but they are *thin* and *watery*.

China and *Arsenicum*—with *great prostration; no pain.*

Cuprum acet.—black stools, copious, painful, bloody, and with tenesmus, and weakness.

Stramonium—black stools every hour; preceded by writhing pain in the bowels, and delirium.

(The *black* stools of *Ferrum* are of no importance, for that color is a *chemical* effect of the iron. The *black* stools of *Plumbum* are attended by the colic, with retraction of the abdomen, and obstinate constipation, peculiar to lead poisoning.) (*Med. Investigator.*)

Arsenical Rash.

(*To the Editor of the Medical Times and Gazette.*)

Sir,—The view taken by Dr. Macnab* concerning the origin of the exanthematous rash twice observed in my case of psoriasis (reported in your impression of February 29), is one which would naturally suggest itself, and which I should have been the first to adopt, only that it seems to be absolutely contradicted by the facts. During the first twenty-four days of his stay in the Hospital as an in-patient—up to the time when the first exanthem appeared—the man was taking no medicine except the *Mist. quiniæ*. This statement is founded not merely on the report of the case taken by my clinical clerk, but on an examination of the dates recorded on the bed-card, on which the prescriptions were written down at the time. When I copied out the notes for

* See page 343.

your journal, I took the additional precaution of getting one of the students to visit the man at Greenwich (where he lived), for the purpose of asking whether he had been taking *Arsenic* during the first few weeks after his admission into the hospital, and of inquiring whether he had had any return of the disease. Of course I do not attach very much importance to the patient's recollection of the medicines he had taken, but the result of the inquiry was entirely to confirm the accuracy of the conclusion derived from other sources, that the rash could not have been caused by *Arsenic*. It is true that I had given the man this medicine some weeks before, when he was an out-patient of mine; but he had ceased to attend some time before he was admitted as an in-patient. Thus a period of considerably more than twenty-four days had elapsed between the time of his ceasing to take *Arsenic* and the appearance of the first exanthem.

I am, &c.,

C. Hilton Fagge.

OBITUARY.

Dr. C. F. Trinks, *of Dresden.*

Dr. Trinks died at Dresden, on the 15th of June last, at the age of 69. One of Hahnemann's earliest disciples, he was also one of the greatest gains to the new system. A man of indefatigable industry and self-sacrifice, he contributed largely to the construction of the homœopathic *Materia Medica*, and his name will be found constantly recurring among the band of provers who aided Hahnemann in his Herculean task. He edited, with Hartlaub, the valuable *Arzneimittellehre* and *Annalen*, which gave to the world so many excellently proved remedies and practical observations. In conjunction with Noack or, we should say, almost single handed, for Noack soon gave up, he published the *Materia Medica* that bears their joint names. He was incessantly contributing papers of the most useful sort, practical remarks, criticisms, &c., to the homœopathic periodicals almost to the day of his death. In these papers he always showed himself fully up to the science of the day, and to the last he took the keenest interest in the progress made in all branches of medical

science. At an early period of the history of homœopathy, when Hahnemann was in danger of being led away by some of his enthusiastic but incautious disciples to promulgate crude and untested notions, Trinks's common sense prevailed with the Founder of Homœopathy, and prevented him committing himself to views that could not stand the test of experience.

Trinks enjoyed a large practice, and retained for life the confidence of a large circle of patients. He was a man of genial disposition, and had a fund of wit and humour which sparkled in his conversation, and often appears in his writings.

He was buried at his birthplace, Eythra, a village not far from Leipzig, and was followed to his last resting-place by a numerous company of admiring and sorrowing friends.

BOOKS RECEIVED.

Pocket-book of Homœopathic Practice, by Dr. A. SMALL and E. M. HALE: Chicago. [Contains excellent hints as to practice, and all the newer remedies are brought forward in their places.]

The Great Crime of the Nineteenth Century, by EDWIN M. HALE, M.D.: Chicago, 1867.

On the Action of Digitalis, by Dr. E. M. HALE, 1867.

Pathogenesis of Myrica Conifera, by Dr. E. M. HALE: Detroit, 1868.

Nouvelles Données de Matière Médicale Homœopathique et de Toxicologie, par le Dr. L. T. HOUAT, de l'Ile de la Reunion. Paris, Baillière, 1868.

The Hahnemannian Monthly.

The American Homœopathic Observer.

The Chicago Medical Investigator.

The North American Journal of Homœopathy.

The Western Homœopathic Observer.

Neue Zeitschrift für Hom. Klinik.

L'Art Médical.

Bulletin de la Société Homœopathique de France.

El Criterio Medico.

La Reforma Medica.

The Calcutta Journal of Medicine.

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